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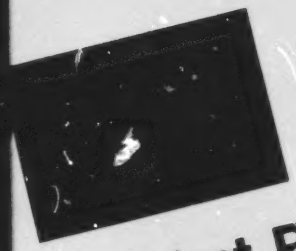
ABSTRACT

This module, one in a series of performance-based teacher education learning packages, focuses on a specific skill that vocational educators need to be successful in the area of instructional management. The purpose of the module is to prepare teachers to deal with students who are using chemicals--alcohol and other drugs--to an extent that their performance in the classroom and laboratory is adversely affected. The module also helps the teacher to define his/her feelings about chemical use and gives skill in using prevention and intervention techniques and in providing support, reinforcement, and alternatives to students who are struggling to recover from chemical use. Introductory material provides terminal and enabling objectives, a list of resources, and general information. The main portion of the module includes four learning experiences based on the enabling objectives. Each learning experience presents activities with information sheets, samples, worksheets, checklists, case studies, and self-checks. Optional activities are provided. Completion of these four learning experiences should lead to achievement of the terminal objective through the fifth and final learning experience that provides for a teacher performance assessment by a resource person. An assessment form is included. (YLB)



Combat Problems of Student Chemical Use

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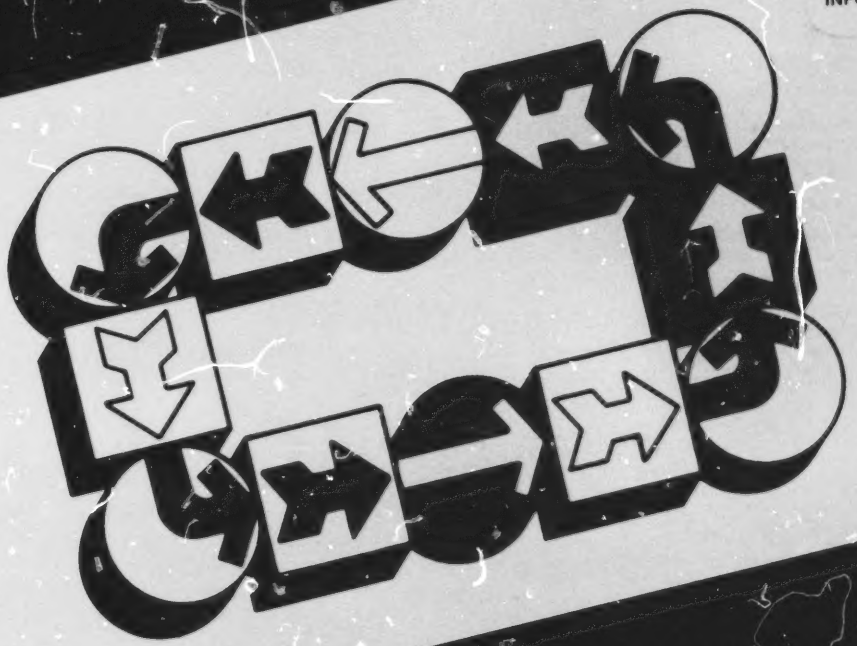

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FOREWORD

This module is one of a series of 127 performance-based teacher education (PBTE) learning packages focusing upon specific professional competencies of vocational teachers. The competencies upon which these modules are based were identified and verified through research as being important to successful vocational teaching at both the secondary and postsecondary levels of instruction. The modules are suitable for the preparation of teachers and other occupational trainers in all occupational areas.

Each module provides learning experiences that integrate theory and application; each culminates with criterion-referenced assessment of the teacher's (instructor's, trainer's) performance of the specified competency. The materials are designed for use by teachers-in-training working individually or in groups under the direction and with the assistance of teacher educators or others acting as resource persons. Resource persons should be skilled in the teacher competencies being developed and should be thoroughly oriented to PBTE concepts and procedures before using these materials.

The design of the materials provides considerable flexibility for planning and conducting performance-based training programs for preservice and inservice teachers, as well as business-industry-labor trainers, to meet a wide variety of individual needs and interests. The materials are intended for use by universities and colleges, state departments of education, postsecondary institutions, local education agencies, and others responsible for the professional development of vocational teachers and other occupational trainers.

This PBTE curriculum package, Module E-10, is designed to enable vocational teachers and other occupational trainers to deal with students who are using chemicals—alcohol and other drugs—to the extent that their performance in the classroom is adversely affected. The module is based upon competencies identified as essential for vocational teachers to effectively combat student abuse of alcohol and other drugs.

Many individuals and institutions have contributed to the research, development, testing, and revision of this significant training package. Appreciation is extended to the following individuals who, as members of the DACUM analysis panel, assisted National Center Staff in the identification of the teacher competency statements upon which this module is based: Earl Emery, Mari Kaptain, Thomas Lively, Olive Miller, Thomas Murray, William Segeleon, and Mike Stecyk.

Field testing of the materials was carried out with the assistance of field-site coordinators, teacher educators, students, directors of staff development, and others at the following institutions: Albuquerque Technical-Vocational Institute, New Mexico; Holland College, P.E.I., Canada; and University of Southern Maine.

Special recognition for major individual roles in the development of these materials is extended to the following National Center Staff: Lucille Campbell-Thrane, Associate Director, Development Division, and James B. Hamilton, Program Director, for leadership and direction of the project, Lois G. Harrington and Michael E. Wonacott, Program Associates, for module quality control; Cheryl M. Lowry, Research Specialist, for developing illustration specifications; Barbara Shea for art work; Adonia Simandjuntak, Graduate Research Associate, for assistance in field-test data summarization; and Catherine C. King-Fitch and Michael E. Wonacott, Program Associates, for revision of the materials following field testing.

Special recognition is also extended to the staff at AAVIM for their invaluable contributions to the quality of the final printed products, particularly to Donna Pritchett for module layout, design, and final art work, and to George W. Smith Jr. for supervision of the module production process.

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Direction is given by a representative from each of the states, provinces and territories. AAVIM also works closely with teacher organizations, government agencies and industry.

MODULE

E-10

Combat Problems of Student Chemical Use

Module E-10 of Category E—Instructional Management
PROFESSIONAL TEACHER EDUCATION MODULE SERIES

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INTRODUCTION

Alcohol has been declared the world's number one drug problem by the World Health Organization. In the United States, alcohol is involved in 50 percent of motor vehicle fatalities. Chemical use is the third cause of death in the United States.

An average of 6 out of 10 high school students have used an illicit drug. Approximately 1 out of 3 young people between the ages of 12 and 17 have used marijuana. Depending on the definition, between 5,000 and 20,000 drugs are used in our country. Television viewers are led to believe that beer is the good-time beverage and that there is a pill for every problem.

We are a drug-dependent nation; our young people have been brought up in an age of chemical use and abuse.

Your major responsibility as a vocational-technical teacher is to prepare students to be successful employees in the world of work. When students are not able to function because they are using or abusing chemicals, they cannot be successful in the world of work. Chemical use and abuse then becomes your problem.

This module is designed to prepare you to deal with students who are using chemicals—alcohol and other drugs—to an extent that their performance in the classroom and laboratory is adversely affected. This module will help you define your own feelings about chemical use. It will also give you skill in using prevention and intervention techniques and in providing support, reinforcement, and alternatives to students who are struggling to recover from use of chemicals.

ABOUT THIS MODULE

Objectives

Terminal Objective: In an actual teaching situation, combat problems of student chemical use. Your performance will be assessed by your resource person, using the Teacher Performance Assessment Form, pp. 57–59 (*Learning Experience V*).

Enabling Objectives:

1. After completing the required reading, demonstrate knowledge of chemical use and the considerations involved in combating chemical-use problems (*Learning Experience I*).
2. After completing the required reading, plan a partial program of prevention techniques that you could use in your own vocational-technical program (*Learning Experience II*).
3. After completing the required reading, critique the performance of the teacher described in a given case study in using intervention techniques (*Learning Experience III*).
4. After completing the required reading, critique the performance of the teachers described in given case studies in providing continuing support to recovering students (*Learning Experience IV*).

Resources

A list of the outside resources that supplement those contained within the module follows. Check with your resource person (1) to determine the availability and the location of these resources, (2) to locate additional references in your occupational specialty, and (3) to get assistance in setting up activities with peers or observations of skilled teachers, if necessary. Your resource person may also be contacted if you have any difficulty with directions or in assessing your progress at any time.

Learning Experience I

Optional

A group of peers with whom you could discuss your reactions to given hypothetical situations relating to student chemical use.

Issues of the Journal of Alcohol and Drugs that you can examine as possible resources for keeping up to date.

Learning Experience II

Optional

Reference: Simon, Sidney B.; Howe, Leland W.; and Kirschenbaum, Howard. *Values Clarification.* Revised Edition. New York, NY: A&W Publishers, 1978.

Reference: Knowledge and Attitudes of Drug Usage: Grades 4–12. Los Angeles, CA: Instructional Objectives Exchange, 1973.

Learning Experience III

No outside resources

Learning Experience IV

No outside resources

Learning Experience V

Required

An actual teaching situation in which you can combat problems of student chemical use.

A resource person to assess your competency in combating problems of student chemical use.

General Information

For information about the general organization of each performance-based teacher education (PBTE) module, general procedures for its use, and terminology that is common to all the modules, see About Using the National Center's PBTE Modules on the inside back cover. For more in-depth information on how to use the modules in teacher/trainer education programs, you may wish to refer to three related documents:

The *Student Guide to Using Performance-Based Teacher Education Materials* is designed to help orient preservice and inservice teachers and occupational trainers to PBTE in general and to the PBTE materials.

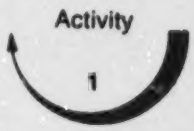
The *Resource Person Guide to Using Performance-Based Teacher Education Materials* can help prospective resource persons to guide and assist preservice and inservice teachers and occupational trainers in the development of professional teaching competencies through use of the PBTE modules. It also includes lists of all the module competencies, as well as a listing of the supplementary resources and the addresses where they can be obtained.

The *Guide to the Implementation of Performance-Based Teacher Education* is designed to help those who will administer the PBTE program. It contains answers to implementation questions, possible solutions to problems, and alternative courses of action.

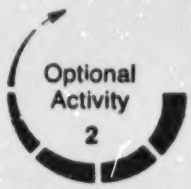
Learning Experience I

OVERVIEW

After completing the required reading, demonstrate knowledge of chemical use and the considerations involved in combating chemical-use problems.



You will be reading the information sheet, The Problem of Chemical Use, pp. 6–16.



You may wish to review several given hypothetical situations relating to student chemical use and to consider how you would react to each situation. You may also wish to meet with a group of peers to discuss your individual reactions to the situations.

You may wish to examine issues of the *Journal of Alcohol and Drugs* as a possible resource to use in keeping up to date with the problem of chemical use.

You will be demonstrating knowledge of chemical use and the considerations of combating chemical-use problems by completing the Self-Check, pp. 18–20.

You will be evaluating your competency by comparing your completed Self-Check with the Model Answers, pp. 21–22.

Activity 1

For information on what chemicals are, who uses them and how, and your role in handling problems of chemical use, read the following information sheet.

THE PROBLEM OF CHEMICAL USE

The problem of chemical use receives considerable attention from many quarters. Magazine and newspaper articles depict the international drug traffic. National safety organizations run ad campaigns portraying the danger of drinking and driving. The television news announces the details of narcotic raids and arrests.

On top of that, you can overhear parents at social gatherings discussing the possibility that their children may be using drugs or drinking alcohol. You might go to a party where, in addition to the usual menu of alcohol, marijuana is passed around. For that matter, in some places, you can see people smoking marijuana on the streets and in the park—and in school.

The problem seems to be that many people around us are using chemicals of one kind or another. They appear to be using them in different ways, under different circumstances, and for different purposes. You have almost certainly seen evidence of this in the media. You may very well have seen it yourself.

What Are Chemicals?

People, in general, use a wide range of chemical substances. These include prescription drugs (e.g., an antibiotic for a cold) and over-the-counter remedies for many common ailments. Coffee and cigarettes are all around us. People drink many alcoholic beverages—liquor, beer, wine, and so on.

Cannabis and its derivatives (e.g., marijuana, hashish, hash oil) are widely used. Cocaine, "the rich man's pleasure," is expensive but fashionable in some circles. Barbiturates, amphetamines, hallucinogens, opium, heroin, and many other drugs all figure in the list.

Our concern, of course, does not cover those drugs that are used, as directed, for legitimate medical purposes. Nor does it include coffee and cigarettes. Harmful or not, coffee is not commonly seen as a deadly menace in the vocational laboratory, and smoking is probably already prohibited in the lab.

Our concern does, however, cover alcohol and the numerous illegal substances that are usually just called *drugs*. It also covers the misuse of prescribed or patent medicines (e.g., tranquilizers, diet pills).

These chemicals—alcohol and other drugs—bring about an altered state of consciousness in the user. Most people are familiar with at least one altered state of consciousness—daydreaming. When you are daydreaming, your consciousness—your mind, your attention—is elsewhere. Similar things can happen to you when you dream, sleepwalk, get very dizzy, or hold your breath a long time. They can also happen when you are drunk, stoned, or high.

An altered state of consciousness can be perfectly harmless and even fun. If you are sitting quietly in your armchair, daydreaming about taking an island cruise or being a Broadway star, there is probably no harm done. When you were a child, did you ever spin around in circles until you couldn't stand up? If you did, you probably thought that was perfectly acceptable. For that matter, many people feel that taking a drink or smoking a joint in the privacy of the home is perfectly acceptable.

An altered state of consciousness can be very dangerous, however. People generally agree that it is dangerous to drink and drive. Your doctor might specifically warn you **never** to drive when you take a particular prescription medicine. An altered state of consciousness carries risk whenever the user might need to concentrate his or her mind and attention—which, in the altered state, may be difficult or impossible.

For that reason, chemicals that induce an altered state of consciousness—alcohol and other drugs—can be quite dangerous in the classroom or laboratory. Your students work with tools, equipment, and machinery that demand concentration and careful attention. One moment's inattention, due to a wandering mind, can cause serious injury to students and ruin expensive equipment.

Furthermore, students are less likely—perhaps unable—to learn and perform successfully in the classroom or lab if their consciousness is altered. With their minds and attention elsewhere, how can they possibly devote their energy to absorbing the vital technical content of your occupational area? How can they gain the knowledge and skills you are attempting to provide if they are busy building castles in the air? For that matter, how will an employer react to workers with altered states of consciousness?

Who Uses Chemicals?

Many people have a stereotypical idea of who uses chemicals. According to this stereotype, chemical users are winos and vagrants, the alcoholic housewife, hippies smoking marijuana and popping pills, and marginal underworld types stealing car radios to finance their heroin habits. The stereotypical chemical user is someone on the fringes of society—someone from a "bad background," from the other side of town, from a different social group entirely.

However, this stereotypical picture of chemical users is false. There is no one set of people most likely to use chemicals. There is no particular background, side of town, or social group that makes a person more or less likely to become a user. Rather, all kinds of people, with all kinds of backgrounds from all parts of town and society, use chemicals.

The fact that **anyone** can use chemicals means that any of your students might be using them, too. You are not safe in assuming that students from well-to-do, loving, and concerned families are immune to the temptation of using chemicals. Media coverage of chemical-use problems contains a common refrain. Parents say over and over again, "But, I've worked so hard to give my children everything—love, attention, support, all the advantages that I can afford. Why would they want to use drugs?"

By the same token, there is no justification for assuming that students from lower-income or minority families are using chemicals. They may be using them, but then again they may not. If you just look around you, you will surely see countless people in these categories who do not use chemicals, never have, and never will.

You should always remember, as you deal with the problem of chemical use, that any of your students could be using chemicals. The young black man from an inner-city ghetto, the young white woman from a quiet rural area, the model student whose family is the most prominent in town, the mid-life career changer who is training for a new occupation—all of these and any others could be using chemicals. Not one of them is any more likely than any of the others to be a user. Perhaps none of them use chemicals, or perhaps all of them do.

Why Do People Use Chemicals?

Different people, of course, may use chemicals for different reasons. Many people use them, in the first place, simply because they enjoy having an altered state of consciousness. This reason is not really too difficult to understand, within reason. After all, who doesn't enjoy daydreaming?

There is a point, however, at which the enjoyment of an altered state of consciousness does not suffice as a reason for chemical use. Anyone who has ever had one drink too many, taken heavy sedation on doctor's orders, or even awakened in a cold sweat from a nightmare knows that an altered state of consciousness can also cause pain and terror. What could cause people to use chemicals in spite of these negative effects?

Pressure can cause many people to use chemicals. Many of your students, for example, may use chemicals because of peer pressure. All humans need to be accepted by those around them. The need for acceptance by peers is perhaps strongest during the teenage years and young adulthood. Many of your students are probably in this stage of their lives.

Given the strong need for peer acceptance during these years, students may be led into chemical use in order to be accepted by their peers. In other words, students who probably wouldn't even think of using chemicals on their own might do so because their friends do and want them to.

Other external pressures can also affect students' use of chemicals. These pressures may come from society at large. How often have you seen television commercials portraying beer as the favorite drink of athletes? How often have you seen magazine articles advocating a pill for every ailment under the sun? ("Tired? Constipated? Headache? Runny nose? Try one of these!")

Students may also be affected by pressures from family, friends, employers, nameless strangers, or movie stars. The use of chemicals, in one form or another, is accepted and even promoted by many.

Self-imposed, internal pressures can also play a part in chemical use. Some students may be so eager to succeed in your vocational program that they take amphetamines to stay up all night studying for a test. Others may be eager to please parents or teachers by doing well or may be motivated by a competitive spirit to outdo their peers. Students may be struggling to work part- or full-time while in school.

These and other self-imposed pressures may lead students to use chemicals. The chemical may function as an energizer for some students, counteracting fatigue. For others, the chemical provides an escape from the stress or tension caused by such pressures.

How Are Chemicals Used?

As stated previously, there are as many different ways of using chemicals as there are people using them. This person drinks rarely and only at parties; that person rolls and smokes a joint the first thing every morning. One person takes amphetamines for extra energy; someone else snorts cocaine to escape from an unpleasant reality. Some people only want to get a mild effect; others want as exaggerated an effect as possible.

In short, there is no stereotypical pattern of use, just as there is no stereotypical user. There is not, at the time of this writing, any consistent evidence that experimenting with chemical use leads to dependency. Many people experiment with various chemicals but never progress to regular use. In spite of this, however, many people do become dependent on one chemical or another. How can this happen—how does experimentation become dependency?

Experimentation. The first stage in the use of chemicals is experimentation. Students might be prompted to experiment with chemicals for a number of different reasons. Curiosity, peer pressure, the simple desire to feel good or to escape problems, and easy access to chemicals can all lead to trying them out that first time. In addition, the example of chemical use that is set in our society may lead students to feel relatively safe in experimenting.

In the experimentation stage, the use of the chemical is usually positive—or at least not negative. The student can usually achieve, eventually if not at first, the desired effect of feeling good. Given this positive effect, the student may come to trust the chemical and feel comfortable with its use.

Many students, of course, may never get beyond the experimentation stage. They may have taken a drink or two, smoked marijuana a couple of times, or popped a few pills, and decided they didn't care for the experience very much. They may have had a negative experience with experimentation, with unpleasant physical or psychological side effects. For whatever reason, many students discontinue chemical use after experimenting a time or two.

Use. Not all students, however, stop with experimenting. Some students go on to regular use of chemicals, using the chemical more and more frequently. They may begin to value the effect the chemical produces and look forward to using the chemical.

In the use stage, the chemical usually remains associated with good times—friends, parties, celebrations, freedom from responsibility and stress. The effect of the chemical is still positive overall and, thus, reinforces students' positive feelings toward it. In this stage, the use of the chemical does not generally interfere with students' normal functioning.

Just as many students never get beyond experimentation, many never go beyond use. They may use chemicals for years without your ever knowing it. Such students are like social drinkers, who drink only in what they consider to be appropriate circumstances. Students may, in fact, stay in this stage of use forever.

Abuse. On the other hand, some students do go on to the next state of chemical use—abuse. In this stage, the chemical assumes greater and greater importance in the student's life. It is used more frequently

and, often, in larger doses as the student's tolerance to the drug increases and its effect of altering the consciousness decreases. As frequency and dosage increase, the chemical may begin to interfere with normal functioning.

Furthermore, students in this stage of chemical use may begin to alter their life-styles in order to accommodate the increased use of the chemical. Students' performance, behavior, and attitudes may change. Students may even begin to notice harmful consequences of use but disregard them in favor of continued abuse.

When students' performance, behavior, and attitudes begin to show a change, they are likely to receive negative feedback from others. Family, teachers, or peers, for instance, may react negatively to this change. This negative feedback can then cause further change—students may become hostile toward others and defiant of authority.

Also, as students receive negative feedback and react with hostility and defiance, they may experience considerable stress. This stress can lead to even greater abuse. Use of the chemical is less and less for good times in a pleasurable context. Instead, the chemical comes to be used in a negative context, as an escape from an increasingly unpleasant reality.

Dependency. Although, again, many students never progress beyond abuse, some do go into the final stage of chemical use—dependency. In this stage, students become dependent on habitual, repeated use of the chemical. Craving for the chemical may be continuous, even if unpleasurable effects result from its use. The chemical generally becomes the most important part of life for those who are dependent.

Dependency can be either physical or psychological. Commonly called *addiction*, it is characterized by greatly increased physical tolerance to the chemical and strong physical withdrawal symptoms in its absence. A dependent user may be totally preoccupied with the chemical and its effects and may behave irrationally and inappropriately.

Thus, when students are dependent on a chemical, they experience an overwhelming physical and/or psychological need for it. All other aspects of life can become subordinate to it. The desire to obtain and use the chemical may completely disrupt normal functioning.

A vicious behavioral circle—student receives negative feedback, has hostile reaction, experiences stress, and turns to use even more strongly—can also occur in dependency. If anything, students are **more** likely to receive negative feedback from others who care about them.

The risk involved. This progression of chemical use is not, of course, carved in stone. Many students, having experimented, stop at one stage or another without ever going any further. The user does not necessarily become an abuser, for example. Other factors can come into play—students' own values, personal expectations, past experience, present situation, and so on.

There is, however, an undeniable risk involved. Although experimentation does not always—or even often—lead to dependency, every case of dependency does, in fact, begin with experimentation. Hence, those that experiment should beware. They may be getting more than they bargained for.

There is further risk, also, in the vocational-technical classroom or lab. If a student is under the influence of chemicals, whether alcohol or other drugs, in your classroom or lab, it doesn't matter which stage of use the student is in. The student can be just as dangerous, to him/herself and to others, regardless of whether this is the very first attempt at experimentation or the practiced habit of dependency. Use of chemicals, no matter what stage, becomes your concern.

There may be a risk involved to students' futures in the world of work as well. This is especially true if students have a legal record of arrest or conviction for alcohol- or drug-related offenses. Many employers are less likely to hire someone with such a record. Even more important is that, in many states, such a record can disqualify an applicant for licensure or certification in some occupations. Health care occupations (e.g., registered nurse, licensed practical nurse) are one example.

What Are the Symptoms?

The symptoms of chemical use are easy to observe. You have probably, at some point, seen someone who is drunk. You could probably sit down and write a list of symptoms of drunkenness—slurred speech, exaggerated and uncontrolled movement, vision problems (e.g., seeing double), nausea, and so on. Also, many people undergo changes in their behavior when they are drunk. The timid person may become filled with bravado, the stoic type may break into tears, the serious thinker may giggle incessantly.

None of the symptoms of drunkenness presented above can be taken to mean—necessarily—drunkenness. Any or all of those symptoms could indicate something else entirely. Your speech might be slurred because you just went to the dentist and the anesthetic hasn't worn off yet. You could be nauseous because you ate something that disagreed with you for lunch. You might become unexpectedly filled with bravado because a thrilling speaker stirred you with visions of the future.

The same is true of almost all the symptoms of chemical use. In general, the symptoms are common physical or behavioral phenomena. Individually, they mean nothing. Together, they **may** mean that the student exhibiting them is using chemicals. With this consideration firmly in mind, the following are symptoms of **possible** chemical use:

- Poor performance
- Deterioration in performance
- Falling asleep in class
- Impulsive behavior
- Resentment of authority and rules
- Aggressiveness toward peers
- Withdrawal from peers
- Leaving class often
- Frequent restroom breaks
- Tardiness
- Increased illness
- Increased absence, especially near weekends
- Patterned absence (e.g., **every** Monday)
- Lethargy
- High emotional level (e.g., frustration, anxiety, anger)
- Impatience
- Apathy
- Negative personality change
- Dropping out of extracurricular activities
- Increase in accidents and injuries
- Obvious physical signs (e.g., bloodshot eyes, dilated pupils, slurred speech, nausea, sleepiness, poor motor control and coordination, hyperactivity, runny nose, constant appetite or lack of appetite)

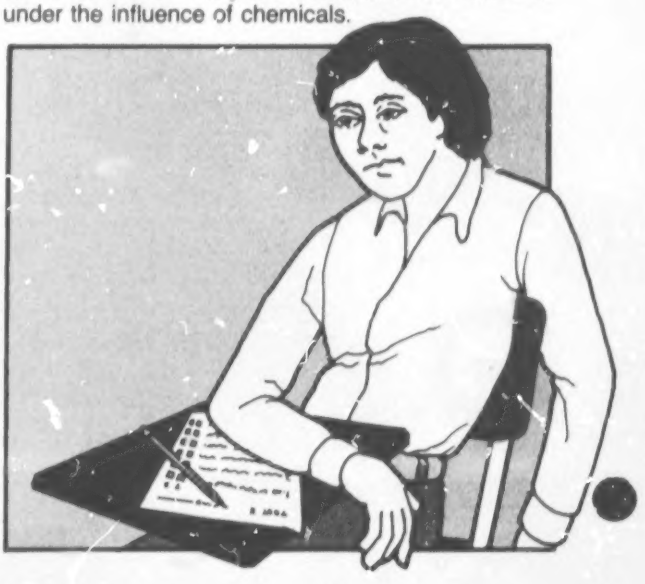
Obviously, not every student who performs poorly in your classroom or lab will be using chemicals. You should know perfectly well from your own experience that any student can perform poorly, at least now and then. Some students, in fact, perform poorly all the time. The symptoms in this list indicate possible chemical use **only** when they represent an overall change or pattern in student performance and behavior. Only then are these possible symptoms reliable.

Why is this matter of **reliability** so important? Assume, for a moment, that one of your students is the son of your department chairperson. Assume also that you observe this young man falling asleep in class one day. That's all—you just saw him fall asleep one day. Do you want to be the one to rush to the chairperson with the news, based on this slim evidence, that her son is a doper? While this example may be somewhat exaggerated, it illustrates a point—that chemical use is a serious matter and one that you would not treat casually.

What Are the Effects?

The particular danger of chemical use in the vocational-technical classroom or lab arises from the effects of chemical use. When students use chemicals that induce an altered state of consciousness, things happen to them physically and mentally. Having used the chemical, the student becomes drunk or stoned or up (exhilarated) or down (depressed) or whatever. Each chemical causes its own particular state of altered consciousness. These effects of chemical use have implications for safety, both in occupational training and in the world of work.

In an altered state of consciousness, students' attention is, frankly, elsewhere. They may have a different sense of time—your block of related instruction might drift slowly by them or pass in a wink. Their attention is wherever their consciousness is. Hence, concentration on the task at hand in the classroom or lab becomes less likely and more difficult for students under the influence of chemicals.



Some of the specific effects of this altered state of consciousness may be physical in nature. Students may experience problems with vision (e.g., altered depth perception, double vision, poor color discrimination, hallucinations). They may also have slurred speech, impaired reflexes, or nausea. They may be nonresponsive, fall asleep, or even pass out. Any one or more of the symptoms presented previously could show up as an effect of chemical use.

These physical effects could cause great difficulties for the individual student, of course. In the classroom or lab or in the world of work, performance could be drastically impaired. If depth perception is affected by the use of chemicals, the student might walk into a piece of equipment or trip and fall using a ladder. Impaired reflexes and motor coordination could present great dangers in operating machinery. Slurred speech could impede communication with supervisors, co-workers, or the general public.

Other specific effects of the altered state of consciousness could be behavioral. Operating under the influence of chemicals, students may have inappropriate emotional reactions (e.g., frustration, anger, hypersensitivity) to situations or events. They might experience abrupt or extreme mood changes—happy one minute, sad or depressed the next. They may suffer from impaired judgment or delusions.

Such behavioral effects could, again, cause serious difficulties for the individual in the lab or classroom or in the world of work. A student with impaired judgment might decide that it is not necessary to observe standard safety procedures, which could cause serious injury to him/herself and others.

A retail clerk might respond inappropriately to a demanding customer by becoming angry and rude, thereby losing a sale and endangering customer relations. A worker whose mood fluctuates constantly may, as a result, have very poor interpersonal relations with peers and supervisors.

Long-term chemical use produces the same effects, intensified, sustained, and reinforced over time. Thus, long-term physical and behavioral effects of chemical use have the same implications for performance in the classroom, lab, or world of work.

These effects also present the same kinds of safety problems. As reflexes and motor coordination become more and more impaired over time, for example, the risk of serious accident or injury increases proportionately. If mood fluctuation becomes more extreme and pronounced, the worker's relationships with peers and supervisors may deteriorate to the point of job termination.

What Can You Do?

Given that student use of chemicals can be a serious problem in your classroom or lab, what can you do about it? In all probability, you are not a trained counselor in alcohol and drug abuse. You probably don't have the medical background to pinpoint specific symptoms of the use of specific chemicals. Nor, probably, do you want to devote limited instructional time to combating the problem of chemical use.

Yet, you do have the responsibility of ensuring that learning can occur safely and efficiently in your classroom or lab. We have established that students in an altered state of consciousness may not be able to learn either safely or efficiently in your program. Thus, part of your responsibility for ensuring safe and efficient learning involves handling the problem of student chemical use.

Realistically, your role in combating the problem of chemical use is a simple one. You should be a link between students who need help and the sources of that help. As such, you do not have the sole responsibility for helping students who have chemical-use problems. You are, in fact, only the first link in what could be a long chain leading to help for your students. Hence, your specific responsibilities for handling the problem of student chemical use, although vital, are limited.

You will not be expected, for instance, to be a watchdog of your students' private habits and doings. You are concerned with chemical use as it affects your students, their performance, and their safety in your classroom or lab.

This does not mean, however, that what happens outside the four walls of your classroom or lab is none of your business—quite the contrary. If a student smokes a joint on the way to school in the morning, that student's performance and safety may be no less affected than if the joint were smoked right in front of you.

For that matter, you should be concerned with student use of chemicals as it affects their performance in your overall program. If your students are placed into cooperative work settings, you should be concerned if they have begun to show up for work hung over.

Or, if a student abusing chemicals has a personality change for the worse, becoming generally frustrated and resentful of authority, you should be concerned about that student's prospects for getting a job. None of this, however, means that you should go around investigating what your students do on Saturday night.

Nor will you be expected to be able to look at a student and come up with an immediate diagnosis of specific chemical use. In other words, you don't need to be able to look at a student and say, "Aha! I see from the extent that your pupils are dilated that you've had two hits of speed within the last three hours." As stated previously, you probably have neither the training nor expertise to tell what specific chemical a student might have taken.

Finally, you will not be expected to offer treatment to students who need help with chemical-use problems. This, again, is probably outside your area of expertise. You are not supposed to psychoanalyze your students, detoxify them, or personally reform their errant ways.

What you can do, however, is simply to act as the link between students and sources of help. You can do this effectively and efficiently by taking action in the following ways:

- **Use prevention techniques**—You can set standards for behavior in your own program and enforce those standards. You can provide information about chemical use to your students and keep the lines of communication open. Finally, you can help your students self-assess and discover alternatives to chemical use.
- **Use intervention techniques**—You can, first, identify students displaying persistent symptoms of chemical use. You can then intervene to refer students to the help they need.
- **Provide continuing support**—For students who are recovering from chemical use, you can create a nonthreatening environment. You can meet their needs in your own instructional program. Finally, you can help make the community aware of chemical-use problems.

Before you are ready to take action in this manner, however, you probably need to do some preparation. Handling the problem of chemical use can be delicate. Therefore, you need, first of all, to ensure that you are fully equipped for your role in handling problems of chemical use among your students.

How Can You Prepare?

If you are going to act intelligently, effectively, and legally to combat the problem of chemical use, you need to have a solid base of accurate, up-to-date information. You should gather information on chemical-use problems as they occur in your own community, and you should review the policy of your school or college for handling such chemical-use problems. You may also need to identify local resources for handling this problem and the legal implications of acting in your local situation.

Furthermore, you may need to evaluate your own use of chemicals and your attitudes toward such use. Finally, you should determine local attitudes toward chemical use and toward your responsibility for handling this problem.

Gather Information

The first step in your preparation should consist of gathering relevant information. The information you gather should be **reliable** above all else. It would probably not be appropriate, for example, to ask the attendant at your local gas station what kinds of chemicals the young people in your community use. Nor would it be wise to rely on a colleague's memory concerning school or institutional policy for handling chemical-use problems. Your information must also be **accurate;** your colleague's memory may not always be accurate.

Local chemical-use problems. Information on the kinds of chemical-use problems that commonly occur in your own school or community may be of great use to you. You need to know if there are any specific chemicals that are popular with students at present, or whether a number of different chemicals are commonly used. You should also determine whether there are any specific symptoms, physical or behavioral, associated with the chemicals used locally.

You should be able to obtain this information by talking to knowledgeable people in your school or community. You might contact the nurse or other qualified medical personnel in your school or college. Persons working at a community drug crisis center may be able to inform you about the local situation. Finally, many local police departments maintain a drug information unit of some kind.

You should also keep your ear to the ground, so to speak, in your own school or college. While it may be neither necessary nor advisable simply to ask teachers or students about chemical-use problems, you might hear a lot of information if you just listen. You could pay attention to the conversations in the faculty lounge. You could also listen to student's conversations in the halls, the cafeteria, the student lounge, or your own classroom.

It would also be helpful for you to know some common street names of drugs, especially those drugs that might be in common use among your own students. Student conversations and remarks you overhear would, again, be an excellent source of this information. Sample 1 lists many such street names for common drugs.

SAMPLE 1

STREET NAMES OF COMMON DRUGS

Amphetamines:

Beans, Bennies, Black Beauties, Black Birds, Black Mollies, Bumble Bees, Cartwheels, Chalk, Chicken Powder, Co-Pilots, Crank, Crossroads, Crystal, Dexies, Double Cross, Eye Openers, Hearts, Jelly Beans, Lid Poppers, Lightning, Meth, Mini-Bennies, Nuggets, Oranges, Pep Pills, Speed, Roses, Thrusters, Turnabouts, Uppers, Ups, Wake-Ups, Whites

Barbiturates:

Barbs, Black Busters, Blue Birds, Blue Denies, Blue Heavens, Blues, Candy, Christmas Trees, Downers, Downs, Goof Balls, Green Dragons, Marshmallow Reds, Mexican Reds, Nimbies, Peanuts, Phennies, Pink Ladies, Pinks, Rainbows, Red and Blues, Red Birds, Red Herils, Reds, Sleeping Pills, Stumbles, Yellow Jackets, Yellows

Heroin:

Big H, Boy, Brown, Brown Sugar, Caballo, China, Chinese Red, Crap, Doojee, H, Harry, Horse, Joy Powder, Junk, Mexican Mud, Powder, Scag, Scat, Smack, Snow, Stuff, Thing

LSD:

Acid, Beast, Big D, Blue Cheer, Blue Heaven, Blue Mist, Brown Dots, Cakes, California Sunshine, Chocolate Chips, Coffee, Contact Lens, Cupcakes, Haze, Mellow Yellows, Orange Mushrooms, Orange Sunshine, Orange Wedges, Paper Acid, Purple Haze, Royal Blue, Sugar, Strawberry Fields, Sunshine, The Hawk, Trips, Wedges, White Lightning, Window Pane, Yellow

Marijuana:

Acapulco Gold, Broccoli, Bush, Dry High, Gage, Ganga, Grass, Griffo, Hay, Hemp, Herb, J, Jane, Loco Weed, Mary Jane, Moto, Mutah, Panama Red, Pot, Reefers, Satina, Smoke, Stick, Weed

Policy. It is absolutely essential that you find out whether your institution has a set policy for combating chemical-use problems. If your school or college does have such a policy, written or otherwise, you must review it carefully, ensuring that you understand every portion of it. However, even if you find no written policy, you should always talk with an administrator in your institution and determine what guidelines there might be for your action.

The policy for handling chemical-use problems may spell out, in great detail, your own role. It might give you great leeway in dealing with students directly when you identify a possible chemical-use problem.

On the other hand, the policy might require you **not** to take any action yourself. In some institutions, individual instructors are required to refer all possible chemical-use problems to more qualified personnel for action. As you review your local policy, you should make careful note of the role assigned to you—what you can do, what you must do, what you must not do.

The policy will also very likely outline any groups the institution has identified to handle problems in this area. There may be a drug action task force to help you or to act in your place. A specific administrator or other trained professional (e.g., the school nurse) may be named coordinator of information and efforts in this area.

Community resources may be identified—agencies or persons to whom you can refer students with chemical-use problems; sources of information for you and your students; personnel who could give presentations to you, other staff, or students on chemical-use problems.

Finally, institutional policy may spell out student rights in this area that you must respect. For example, the policy may state that students have the right to have a **witness** present—perhaps parents or guardians—at any conference on possible chemical-use problems. Or, students may have a specified right to **documentation** of symptoms you might have observed or of helping conferences you might have held. Students' legal rights to **privacy of information** may also be repeated in your local policy.

Legal implications. Chemical use is closely regulated in our society. Use of alcohol is generally restricted to those over a certain age—18 in some states, 21 in others, for example. Use or even possession of many chemical substances is illegal in almost all states. Likewise, acting to combat the problem of chemical use can have legal implications.

Your students have certain rights, for instance, to **due process.** This may mean that it would be illegal for you to search a student's person, possessions, or locker for illegal chemical substances, no matter how strongly you might suspect the student of illegal possession and use. For that matter, it would probably be best for you to take your suspicions to an administrator in your school or college. He or she could then decide what course of action would be best, including contact with local law enforcement agencies.

Likewise, in some states, you might be assuming legal liability by giving emergency medical treatment to a student who suffers a drug overdose. Or, you could conceivably become an accessory to a crime if you have specific knowledge of possession of an illegal chemical and do not report your knowledge. Also, some states have their own laws defining student rights to privacy or confidentiality of information. You could violate such legal rights by sharing information about student chemical use indiscreetly.

Consequently, you must familiarize yourself with state and local laws relating to possession and use of chemical substances and to actions that you might take in handling the problem of chemical use. You might begin by talking to an administrator in your own school. He or she may be able to supply the information or refer you to a reliable source.

You could also contact the drug information unit of your local law enforcement agency to obtain this information. Other sources might be your state department of education, legal officers or advisors for your own institution or district, or the local district attorney's office. Regardless of which source you consult, you must have this information to ensure that you act legally.

Local resources. Depending on the specific responsibilities assigned to you by your school policy, you may need information on local resources for handling chemical-use problems. You may need, for example, to identify agencies and persons to whom you could refer students for help with chemical-use problems. You may need to know how to get emergency medical assistance quickly, in the case of a possible student overdose.

In addition, you may want to know where to get brochures or other materials on chemical use and its associated problems. You may want to identify a speaker to address your students on the topic. Thus, you should determine what resources are available in your own school or community. You can do this as you contact the personnel or agencies listed previously.

Keeping up to date. A final consideration in gathering information is that you must keep your information up to date. The chemicals that students commonly use may change. Your institution's policy for handling chemical-use problems may change. Your school or community may develop new resources for handling the problems. Legislative bodies may pass new laws governing possession and use or your actions in combating the problem of chemical use.

Thus, you should stay in periodic contact with your sources of information. You can also simply pay attention to media coverage of chemical use, associated problems, and related developments. New state drug laws would probably be described in your newspaper and on the television news. A new drug treatment facility would likely receive publicity in the community. For that matter, student or faculty conversations you overhear in your building may tell you a lot about new trends in local chemical use.

Evaluate Yourself

There is one thing you must have if you are to work successfully with your students to handle the problem of chemical use—**credibility.** What you say must be believable, and it must be consistent with what you do. Why is this so?

Many or most of your students are probably teenagers and young adults. These young people sometimes have a skeptical attitude toward their elders. What you need to do, consequently, is to convince your students that what you do and say about chemical use is in their own best interests. You must present a consistent, believable approach to the subject of chemical use in both word and action. This approach must be objective—based on accurate, up-to-date information. And it must apply across-the-board—to **you** as well as to your students.

To ensure that your approach to the subject of chemical use fulfills these two requirements, you should first consider your own use of chemicals. Then, you should consider your attitudes toward such use. Finally, you should determine whether your use and your attitudes match.

Your own use. You can evaluate your own use of chemicals quickly and informally, in the privacy of your own living room. All you need to do is ask yourself some simple questions: What chemicals do you use? How often do you use them? How do you use them—for fun, for escape, for medical purposes on a doctor's orders?

Are you dependent on them? In other words, would you have a strong reaction, physically or psychologically, if you stopped using them all of a sudden? Do you ever attempt to perform your duties as a teacher while under the influence of chemicals?

As you consider your own use of chemicals, you would probably do best to include a very wide range of chemicals in your considerations. You should include such things as coffee and cigarettes, prescription drugs, and over-the-counter remedies. Although we stated previously that student use of these chemicals is not our concern, it would be advisable for you to include them in your self-evaluation because your use of them does form a part of your overall approach to chemical use.

How can we reconcile this seeming contradiction—not being concerned about student use of these particular chemicals, yet being concerned about **your** use of them? The answer relates to your credibility and the consistency of your approach. What you say needs to be consistent with what you **do** and must apply to you as well as to your students.

Picture, for a moment, this situation. A student of yours asks one day why there is all this fuss about students using chemicals such as marijuana. Why worry about students becoming dependent on chemicals when students can see teachers racing for the lounge between classes for a cup of coffee or a cigarette? If you are one of those teachers racing for the lounge between classes, what will your answer be?

Or for that matter, assume that an automotive repair instructor is talking informally to some of his/her students about chemical use and the fact that it can affect workers' performance on the job. One of the students ungracefully puts the instructor on the spot by pointing out a bothersome fact. A person can visit Joe's Tavern every night and meet all the mechanics from the local garage. Yet these mechanics remain employed at the garage. What should the instructor respond?

There is an appropriate answer for each question. First, there is every difference in the world between coffee and cigarettes, on the one hand, marijuana and alcohol on the other. Coffee and cigarettes do not alter your consciousness; alcohol and marijuana do. Because they do, using them can be dangerous, either in the lab or on the job.

There is no denying that dependency on any one of these four chemicals may be the same, in some respects. But their use and the effects of their use are vastly different and should be approached differently.

Second, there is a world of difference between mechanics who drink at night and students who come to your lab under the influence of chemicals. What those mechanics do on their own time is their own business—unless it affects their work.

If the mechanics can drink every night and still show up for work in the morning sober, not hung over, and able to operate at peak efficiency, then more power to them. You could, however, point out to students that it is unlikely that those mechanics are actually able to operate at peak efficiency when they have been drinking heavily the night before.

Your own attitudes. Your attitudes toward chemical use are simply your own private feelings about whether using chemicals is good or bad. You can evaluate your own attitudes toward chemical use by simply considering how you feel about using the different kinds of chemicals we have been discussing. Do you feel that using chemicals is a good thing or a bad thing? Or, do you feel that it doesn't really matter? Are the people who use them good or bad or somewhere in between?

Once you have become consciously aware of your own attitudes, you should determine whether they are consistent with your overall approach to chemical use, in both word and action. Do you live up to your own attitudes, or do you allow yourself to do things that you condemn other people for? Are your attitudes consistent, or do you feel that what is okay for teachers is not okay for students?

You should also determine whether your attitudes are founded on a solid base of accurate, up-to-date information. You might be of the opinion, for instance, that using marijuana is bad because it inevitably leads to the use of hard drugs—opium and heroin, for example. This attitude is not founded on a solid base of information. There is no consistent evidence that use of marijuana leads to use of hard drugs.

Some of your students will probably be well enough informed to know this. Others may have direct personal experience that contradicts your attitude. They may use marijuana themselves and know perfectly well that they have never been even tempted to shoot heroin. Consequently, if you broadcast this kind of attitude to your students, you are likely to lose your audience because they know better.

If you should find that your attitudes are not consistent or not based on accurate, up-to-date information, you may have a problem. You run the risk of losing your credibility with your students. Should that be the case, you should make an honest attempt to seek new information on which to base your attitudes.

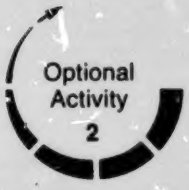
In the meantime, however, you should ensure that your **actions** in handling the problem of student chemical use are appropriate. You should not interact with your students on the basis of your attitudes but on the basis of objective, cold facts.

Determine Local Attitudes

The information you might need on local attitudes does not need to be a sophisticated, random-sampling survey with data analysis—far from it. All that you need is a general idea of the kind of overall environment in which you will be operating as you handle student chemical-use problems. You should just get a good feel for the lay of the land, so to speak.

It would be helpful, for example, to know what the attitudes are in your school, college, and community concerning the use of chemicals. Do the people in the community and the staff in your school or college feel that chemical use is good, bad, or a matter of indifference? Do they think that users are good, bad, or somewhere in between? Are students likely to be preached at about chemical use, or do people generally take an objective approach to the problem?

Having a general idea of local attitudes toward chemical use, you may be able to tell what kind of support you will find among your professional colleagues and members of the community. You may find out, for example, that credibility with students is a serious problem, because other teachers approach the problem of chemical use without a solid base of information or with inconsistent attitudes. You may gather a more accurate notion of how to handle this problem with your own students.



As an aid in reviewing your attitudes toward chemical use, you may wish to read and react to the following hypothetical situations. As you read each situation, make note of your reaction to it. How do you **feel** about the people in the situation and what they are doing? What do you think you would do if you were there?

- You are circulating among your students as they work on equipment when you notice a pack of cigarette papers in a student's shirt pocket.
- You are driving down a street on which many of your students live. There are three empty liquor bottles in a trash can at the curb.
- One of your students seems listless and apathetic one day. The next day, her eyes are bloodshot.
- Two students are walking ahead of you in the hall. They are talking about plans to "cop a lid."

You may wish to meet with one or more peers who are also taking this module to discuss your reactions to these situations. As you discuss with the group, try to determine the attitudes that underlie your own reactions and those of the others in the group.

One excellent means of keeping up to date is to read reliable professional journals and publications. Thus, you may wish to examine issues of the *Journal of Alcohol and Drugs*. This excellent journal can provide accurate, up-to-date information to you and other concerned staff members. You may wish to subscribe to such a journal yourself or to encourage your school or college library to subscribe so that it will be available to all staff.

Activity 4

The following items check your comprehension of the material in the information sheet, The Problem of Chemical Use, pp. 8–16. Each of the ten items requires a short, essay-type response. Please explain fully, but briefly, and make sure you respond to all parts of each item.

SELF-CHECK

1. If a student in your program always has a runny nose and is resentful of authority, what does this indicate?

2. One of the maintenance personnel in your school tells you one day that several of your students are using amphetamines. What should your reaction be?

3. Which one of the following three terms does not belong with the others: aspirin, heroin, hemp. Explain your answer.

4. If a colleague tells you that she isn't concerned about chemical use because her students are all serious and mature individuals, what might you reply?

5. If you discover that your school or college has no formal, written policy for handling chemical-use problems, what should you do?

6. If one of your students experiments with chemicals, goes on to use them regularly, but does not progress into abuse, is there really any risk involved?

7. If you use a nasal decongestant spray a lot in front of your students, what difference could it make?

8. A colleague tells you that students who come to his class stoned on marijuana don't bother him all that much—they're so mellow they just sit there causing no trouble at all. Would you agree with this attitude?

9. Another colleague tells you that she can't understand why people drink—why they need to get drunk to escape from reality. What might you say to this colleague?

10. How should you prepare to offer counseling to a student who wants to recover from chemical use?

Compare your written responses to the self-check items with the model answers given below. Your responses need not exactly duplicate the model responses; however, you should have covered the same **major** points.

MODEL ANSWERS

1. If a student always has a runny nose and is resentful of authority, it doesn't necessarily indicate **anything.** The student might just have problem sinuses and an unpleasant disposition. However, it may indicate a possible problem with chemical use. You might want to observe this student's performance and behavior to see if there are any further indications of possible chemical use.

2. If the maintenance personnel tell you that your students are using chemicals, you should be concerned—this information may be correct. Again, you would want to observe your students for indications of possible chemical use. But you should always be careful not to take someone's opinion as fact.

3. Of the terms *aspirin, heroin,* and *hemp,* aspirin is the oddball. Hemp is one of the common street names for marijuana. So, heroin and hemp are both chemicals that bring about an altered state of consciousness. Aspirin, although certainly a chemical, does not ordinarily alter the consciousness. You should be concerned about student use of either heroin or hemp, but you probably don't need to worry about student use of aspirin.

4. Serious and mature though your colleague's students may be, she should still be concerned about the possibility of their using chemicals. Anyone can use chemicals—you don't have to be from the ghetto, on the fringes of society, or foolish and frivolous.

5. If your school or college has no formal, written policy for handling chemical-use problems, you should definitely talk to an administrator. You must determine whether there are any guidelines for your actions in handling chemical-use problems, and what those guidelines are.

6. There is always risk involved when students use chemicals, regardless of which stage of use they may be in. It doesn't matter whether students are hardened addicts or novices. If their consciousness is altered under the influence of chemicals, they can pose a safety risk, both to themselves and to others around them.

7. If you use a nasal decongestant spray a lot in front of your students, it could make a great difference. Some student, some day, may well ask you why you do something that you advise your students not to do—use chemicals. You would then need to be able to explain to your students the difference between being dependent on nasal spray and using chemicals that alter the consciousness.

8. You should not agree with the attitude that students stoned on marijuana are no trouble since they're so mellow. It may be true that marijuana usually produces a mellow effect in users, so that they might not usually present serious behavior problems. But their consciousness is still altered, and they could easily be a safety risk.

   Furthermore, these students are not going to be able to learn efficiently if they're so mellow that they're willing to just let life flow right past them.

9. If a colleague thinks that people drink alcohol only because they need to escape from an unpleasant reality, you should tell her that her attitude is not founded on a solid base of accurate information. There is, of course, no denying that some people do use chemicals, including alcohol, as an escape.

   However, many people do, and always will, use chemicals of many kinds simply because having a slightly altered state of consciousness **can** be pleasant. You might ask this colleague if she ever daydreams.

10. You should not try to prepare to offer counseling to a student who wants to receive treatment for chemical use. **Treating** students with chemical-use problems is not your responsibility.

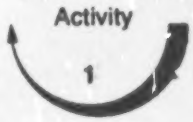
    You are not likely to have the training and expertise that this would require. You are probably not qualified to accept any legal liability you might incur by offering treatment. Your responsibility is to link your students with sources of help for any chemical-use problems they may have.

Level of Performance: Your written responses to the self-check items should have covered the same **major** points as the model answers. If you missed some points or have questions about any additional points you made, review the material in the information sheet, The Problem of Chemical Use, pp. 6–16, or check with your resource person if necessary.

Learning Experience II

OVERVIEW

After completing the required reading, plan a partial program of prevention techniques that you could use in your own vocational-technical program.



You will be reading the information sheet, Prevention Techniques, pp. 24–27.

You may wish to read all or part of the following supplementary references: Simon et al., *Values Clarification;* and/or *Knowledge and Attitudes of Drug Usage: Grades 4–12.*

You will be using the Worksheet, pp. 28–30, to plan a partial program of prevention techniques that you could use in your own vocational-technical program.

You will be evaluating your competency in planning a partial program of prevention techniques that you could use in your own vocational-technical program, using the Planning Checklist, pp. 31–32.

Activity 1

For information on how you can set standards, communicate openly, and help students to self-assess and to discover alternatives to chemical use, read the following information sheet.

PREVENTION TECHNIQUES

The idea of stopping a problem before it starts is familiar to many of us. This is called prevention. The good defensive driver prevents accidents from happening by leaving enough room in front of the vehicle to react and stop in time. Many people, concerned about their health and teeth, visit their doctor and dentist regularly as a preventive measure. The old saying that an ounce of prevention is worth a pound of cure is still true.

The old saying is especially true when we speak of preventing chemical use. Current informed thinking focuses on the active prevention of chemical use. Prevention however, doesn't include preaching or exaggerating—trying to frighten students with mortality statistics, for example. Nor should you plan and deliver units of instruction on the danger of chemical use. It is judged more effective, for the most part, to work with students individually to prevent chemical use.

The President's Commission on Marijuana and Drug Abuse recommends that chemical-use prevention techniques should be aimed at helping students—especially adolescents—develop the skills they need to cope with the problems of their lives. Prevention techniques should focus attention on the individual, not on the chemical. Techniques should give students an opportunity to explore and express their own feelings, to gain a sense of self-worth and self-respect, and to communicate openly with others.

If your prevention techniques give your students these opportunities, the theory goes, students can know their own feelings and worth and feel comfortable with both. Aware and secure, students are then more likely to make their own individual, informed decisions regarding chemical use. They are less likely to base such decisions on misinformation, peer pressure, or lack of alternatives.

You can present your own students with these opportunities. You can set standards for behavior in your vocational-technical programs. You can keep the lines of communication open with your students. This will allow you to provide information as students need it. You can provide your students with the opportunity to self-assess. Students who do not yet use chemicals can discover alternatives to using chemicals, as their peers may urge. Students who do use chemicals can reconsider their own values and decisions, if they choose.

Set Standards for Behavior

The first action you should take is to set clear standards for student behavior in your program. Your students should clearly understand that the risk to safety is too great to allow participation in your program while under the influence of chemicals. Students should be aware that it is wrong and dangerous to come to class stoned or intoxicated.

Students should understand, furthermore, that these standards of behavior apply to all of the activities of your program. They should know that it is inappropriate to show up hung over at a cooperative work station, a job interview, or a meeting of the vocational student organization. You can remind students that learning occurs much more efficiently when their consciousness is where the learning is.

You don't need to make a production of setting and enforcing these standards. They are certainly important, but exaggerating their importance is probably no help. You should treat them as part of all the standards you set for student behavior. They are a part of your concern for student safety and learning.

Keep Lines of Communication Open

You will need to keep the lines of communication open with your students. If you are going to provide information and help your students self-assess, you have to be able to talk with them. Some of your students may have attitudes toward and ideas about chemical use that are different from yours. Students need to feel that they can discuss their opinions with you, even if yours are different. Thus, **what** you communicate and **how** you communicate are important.

What you communicate should be accurate, reliable information. Your attitudes toward chemical use may be largely negative—and rightly so. Yet, you can alienate your students by constantly communicating negative attitudes to them. You should, instead, give them facts about chemical use. Being objective allows you to be more effective.

How you communicate is just as important. If a student wants to talk to you about such a personal topic, you should ensure that the student has your whole attention. You shouldn't be listening with one ear while you go through paperwork or observe students in a practice activity.

By your actions and your words, you can show your students that they have your attention. You can take a comfortable posture, facing the student and maintaining eye contact. You can make small comments now and then ("I see," "Go on") that let students know you are following what they're saying. These and other active listening skills will help to keep the lines of communication open with your students.

Provide Information

Students' approach to the subject of chemical use, like your own, should be founded on a solid base of accurate, up-to-date information. You can provide this information to your students—information on chemicals, who uses them and how, why they are used, and how people can progress from experimentation to dependency.

You can help your students find out about the physical and behavioral effects of chemical use and how these effects can be intensified through long-term use. You can help your students understand what might happen when they alter their consciousness and why that might affect their safety.

It would be a good idea to coordinate your provision of information with that of other teachers. If six different teachers present units on the dangers of drugs and give attitude and use surveys, students may overdose on information. You can avoid this by consulting your colleagues and spreading your collective efforts over a reasonable period of time.

You probably have neither the expertise nor the time to offer your students planned, formal instruction on chemical use and its effects. Besides, if you try to, you run the risk of losing your audience. A formal lecture on "Implications of Chemical Use/Abuse for Safety" might sound dangerously like propaganda to students. Hence, you should use other, informal means to provide students with this needed information.

You may, for instance, be able to use visual means to provide information. Posters illustrating the risks inherent in chemical use might work very effectively. You could use your bulletin board to illustrate to students some of the effects of chemical use.

You could also provide information to students in response to a specific question or situation. For example, a student might offer the comment that a friend was fired for showing up at work drunk and ask whether you think this was fair. You could respond by providing information—in a matter-of-fact way, without sermons—on the effects of chemical use in the world of work. You could tell students how their performance can be affected by chemical use and how this impaired performance can create serious safety hazards.

You could provide information in response to this kind of situation as you work with students individually or in groups. You could provide it yourself or by referring students to other resources. You can work very informally to help students find out what they need to know.

Finally, you can provide information by using a resource center. You can easily create and maintain a resource center in your classroom or lab containing accurate, up-to-date literature and other resources for student use. You might stock your resource center with free pamphlets, brochures, magazine articles, books, filmstrips, audiotapes, or even movies—whatever you can obtain, as long as it presents reliable information in a nonjudgmental manner.

Help Students Self-Assess

Another major part of your prevention program should be to help students self-assess. You should help them to examine their own use of chemicals and clarify their own values concerning chemical use. You should also help your students explore how external and internal pressures can affect their use of chemicals.

Their own use. You might begin by helping students to examine their own use of chemicals. The chemicals students use may range from legally prescribed substances for medical purposes (e.g., cold remedies) to coffee and cigarettes. They may also include beer, wine, liquor, or substances like marijuana and heroin.

You should assist students in determining what chemicals from this broad range they individually use. In addition, how often do they use them? In what circumstances do they use them—when they are alone or with others, to relax or to get started in the morning? Do they combine the use of different chemicals (e.g., alcohol with marijuana, coffee with cigarettes)? How does their use affect their safety and performance in your program.

It would probably be best for each student to examine his or her own use of chemicals as an individual activity. You might, in your resource center, provide copies of an informal inventory-of-use for this purpose, for example. The inventory could cover the various factors discussed previously.

Regardless of the means you use to help students examine their own use of chemicals, you should remember that you are only helping students to **self-assess.** You are not asking them to tell **you** anything. If students are to be honest in their self-examination, they need to be sure that the results will not be shared.

Their own values. You should also help students to clarify their values concerning chemical use. What are their values, their feelings, their attitudes toward using chemicals? What do they think about taking aspirin, drinking beer, or snorting cocaine? Is it okay to use these chemicals or not? Do they approve or disapprove of people who use them?

Linked with students' values concerning chemical use is their response to internal and external pressures. Thus, part of your values clarification activities should give students the opportunity to discover how these pressures can affect their use of chemicals.

External pressures, for example, may lead students to use chemicals. Their peers may use chemicals and urge others to do so. Thus, students may feel pressured to fall in with the peer group's chemical use in order to gain acceptance. Individual students may not really want to use chemicals but feel that they must do so if they want to have friends.

You may be able to locate values clarification activities or materials to use in your classroom or lab. Or, if you prefer, you can develop activities or materials yourself to help students discover their feelings and attitudes toward chemical use. These activities or materials need not be complicated. Their purpose is simply to provoke thought and reaction in students, allowing them to become consciously aware of the values they have.

You might, for example, use a questionnaire that presents hypothetical situations for students to react to (e.g., "What would you do if all the people at a party were passing joints around?"). Or, you could present stereotypical statements about chemical use (e.g., "Marijuana addicts have to steal to support their habits"). Students could respond by indicating whether they think these statements are true or false, and why.

You can provide students with opportunities for values clarification either individually or in groups. Group discussions can give students the opportunity to examine both their own values and the consistency of those values. As you provide these opportunities, you should keep the lines of communication open with your students by giving them your honest, objective attention.

Help Students Discover Alternatives

At this point, you will have provided students with accurate, reliable information on chemical use. You will have helped them examine their own use and clarify their own values. Your next step, then, will be to help students discover alternatives to chemical use. You can help them make individual decisions, in light of their new information and their own values, about using chemicals.

Some students may need to develop personal skills in order to explore alternatives to chemical use. They may need to develop their own sense of self-

responsibility—that is, before they can make their own decisions, they must realize that the decisions are theirs to make. Further, some students may need to develop their decision-making skills so that they can make appropriate decisions.

Self-responsibility. You can help your students understand that the responsibility for deciding whether to use drugs is theirs and theirs alone. You can help them develop the attitude that they can and should be their own masters. In helping students to develop this sense of self-responsibility, you need not lecture or moralize; in fact, you should not.

There are many things that you can do, in your classroom or lab, to help students develop this sense of self-responsibility. For example, you could have students take charge of your tool supply. It would be their responsibility to ensure that tools and equipment are checked in and out according to proper procedure. Other management responsibilities could be similarly assigned. All students should be given such responsibilities on a rotating basis.

You can also ensure that each student has and fulfills the responsibility for cleaning up his or her own work area, observing safety procedures, and handing in assignments on time. Students can also assume responsibility as members or officers of the vocational student organization.

You can use your own imagination to determine what other responsibilities you could assign to students in your own classroom or lab. Experience in accepting and fulfilling minor responsibilities such as these can help students to accept and fulfill other, larger responsibilities—such as deciding how they want to live their lives.

Decision-making skills. You can also help students develop the decision-making skills they will need to fulfill their responsibility to themselves.[1] You can teach students the steps in the decision-making process. You can give them practice in applying these techniques in simulated and real situations. You can teach students to think critically about a situation, apply their own values to the situation, and arrive at a decision that fits both the situation and their values.

Once your students have accepted their responsibility for making individual decisions concerning chemical use and have gained skill in doing so, they can discover their own alternatives to chemical use. You might help by providing them with information on possible alternatives. You might also set an example for them to follow in choosing an alternative. But most important is that you will have equipped your students to make this choice on their own, for their own sake, and to their own taste.

The alternatives to chemical use that your students might consider are almost limitless. Almost any activity could serve the purpose—organized group activities or informal individual activities. The purpose of these alternatives is quite simple. They serve to provide a healthier, more constructive outlet for students' energy. They are another, different way of having fun, filling time, and enjoying pleasant company.

You might suggest, for example, that your students could engage in athletic activities. These might be formal team sports or simply going to the tennis courts with a friend or jogging all alone. Students might participate in club activities, either in or out of school. You might suggest participation in the vocational student organization, the student council, or any other student group operating locally.

There are also many service activities in which students could participate. There may be service clubs in your school or in your community. Students could also perform volunteer work at many community institutions—homes for the aged, programs working with disadvantaged or handicapped youth, or neighborhood associations. Students could even start their own community service projects.

Finally, each student will have individual interests that could serve as very effective alternatives to chemical use. You could encourage students to consider those interests, whatever they might be—reading, stamp collecting, craft work, cars, local or family history, physical fitness, or building a better mousetrap. You should do what you can to ensure that your students do not engage in chemical use just because they think there's nothing else for them to do.

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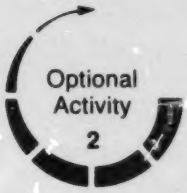
1. To gain skill in helping students to develop their decision-making skills, you may wish to refer to Module C-8, *Direct Students in Applying Problem-Solving Techniques.*



You may wish to read all or part of the following supplementary reference: Simon et al., *Values Clarification.* This book presents a very good treatment of values clarification—what it is, what you can accomplish with it, and how to go about it.

Part 1 (pp. 11–28) describes the values clarification approach and tells how to use the remainder of the book. Part 2 (pp. 29–397) consists of individual chapters, each presenting a specific strategy to use in values clarification. You may find it most helpful to read Part 1 for a basic foundation and then to look through Part 2 for specific strategies to use or to adapt for use in your own classroom or lab.

You may wish to refer to the reference, *Knowledge and Attitudes of Drug Usage: Grades 4–12.* You might begin by reading the introduction, pp. 1–8, for a general overview of the book. Then, you may find it informative to browse through the rest of the book, which contains materials and activities you might use in a program of prevention techniques in your own classroom or lab.

The book contains inventories of opinions concerning chemical use and inventories of chemical use. It also presents some values clarification activities that you might be able to use or adapt for use with your own students.

Use the following worksheet to plan a partial program of prevention techniques that you could use in your own vocational-technical program. First, assume that you are training students in your own occupational specialty and would like to use techniques to prevent chemical use among your students. Then, complete each of the items on this worksheet to develop a plan for a partial program of prevention techniques.

WORKSHEET

1. To begin the development of a resource center, identify at least two specific resources not listed in this module that provide information on the continuum of chemical use. Your resources could be either print materials (e.g., a book or pamphlet) or nonprint materials (e.g., an audiotape or slide/tape).

2. Identify at least one specific resource describing the effects of chemical use on safety, applicable to your own occupational specialty. Your resource could, again, be either print or nonprint.

3. Identify or plan a specific activity that could help your students examine their own chemical use. Your activity could include the use of written materials (e.g, an inventory of use) if you choose.

4. Identify or plan a specific activity that could help your students clarify their values concerning chemical use. This could be an individual or group activity. You may choose to include written materials for use as part of the activity.

5. Identify at least two specific classroom management tasks that you could assign to students in order to help them develop their sense of self-responsibility.

6. Identify at least two specific nonmanagement activities in which you could involve students in order to help them develop their sense of self-responsibility.

After you have planned a partial program of prevention techniques that you could use in your own vocational-technical program, use the Planning Checklist, pp. 31–32, to evaluate your work.

PLANNING CHECKLIST

Name _____

Date _____

Resource Person _____

Directions: Place an X in the NO, PARTIAL or FULL box to indicate that each of the following performance components was not accomplished, partially accomplished, or fully accomplished. If, because of special circumstances, a performance component was not applicable, or impossible to execute, place an X in the N/A box.

	LEVEL OF PERFORMANCE			
	N/A	No	Partial	Full
The resources selected to provide information on the continuum of chemical use:				
1. explained the progression from experimentation to dependency	☐	☐	☐	
2. described the risk involved in beginning chemical use	☐	☐	☐	
3. presented information in a factual manner	☐	☐	☐	
The resource selected to provide information on the effects of chemical use on safety:				
4. explained both the physical and behavioral effects of use	☐	☐	☐	
5. explained the effects in terms of the specific operations, machinery, equipment, etc., of your own occupational specialty	☐	☐	☐	
6. presented information in a factual manner	☐	☐	☐	
The activity planned to help students examine their own chemical use:				
7. covered use of a wide range of chemicals (e.g., from prescription to heroin)	☐	☐	☐	
8. treated other factors of use (e.g., frequency, circumstances, combinations of use)	☐	☐	☐	
9. allowed for private, individual self-examination	☐	☐	☐	
The activity planned to help students clarify their values concerning chemical use:				
10. presented situations, statements, etc., to provoke thought and reaction	☐	☐	☐	
11. provided the opportunity for students to become consciously aware of their own values and feelings	☐	☐	☐	
The tasks and activities planned to help students develop self-responsibility:				
12. provided opportunities for students to understand that they can and should make their own choices	☐	☐	☐	
13. included classroom management responsibilities that students could assume	☐	☐	☐	

	N/A	No	Partial	Full
14. included nonmanagement responsibilities that students could assume	☐	☐	☐	■
15. provided opportunities for students to accept and fulfill minor responsibilities	☐	☐	☐	■

Level of Performance: All items must receive FULL or N/A responses. If any item receives a NO or PARTIAL response, review the material in the information sheet, Prevention Techniques, pp. 24–27, revise your plan accordingly, or check with your resource person if necessary.

Learning Experience III

OVERVIEW

After completing the required reading, critique the performance of the teacher described in a given case study in using intervention techniques.

You will be reading the information sheet, Intervention Techniques, pp. 34–37.

You will be reading the Case Study, pp. 38–39, and critiquing the performance of the teacher described.

You will be evaluating your competency in critiquing the teacher's performance in using intervention techniques by comparing your completed critique with the Model Critique, p. 41.

Activity 1

Student use of alcohol and other drugs may occur in spite of your program of prevention. For information on how you can observe symptoms of chemical use, record your observations, and intervene appropriately, read the following information sheet.

INTERVENTION TECHNIQUES

In spite of your own preparation and program of prevention, you will probably still need to intervene with students using alcohol and other drugs. You may still observe students in your program who display symptoms of chemical use. If this occurs, how can you intervene? How can you act as a facilitator to link a student who needs help with the source of that help? What techniques can you use?

Using intervention techniques is largely a matter of common sense and judgment. You can identify students exhibiting persistent symptoms of chemical use. You can then take further action, within the limits of school policy and your own legal responsibilities. You might confront such students with your observations. You might participate in intervention conferences or make student referrals.

Identify Students Exhibiting Persistent Symptoms

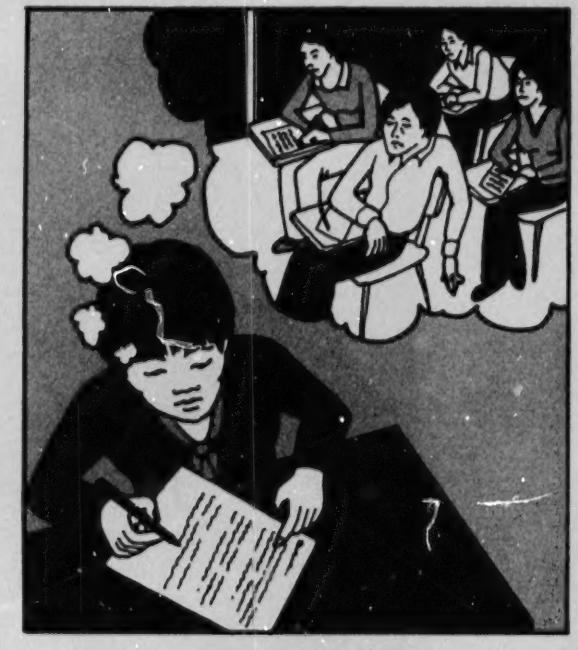
The first step in intervening with students using alcohol and other drugs is to identify students exhibiting persistent symptoms of chemical use. This is done by observing students, their behavior, and their performance in your classroom or lab and noting any patterns or long-term changes in their actions.

Looked at in this manner, identifying possible users does not seem to be a complicated task. There are, however, two vital considerations to bear in mind as you identify possible users. The first of these is that you must collect and record objective data on student symptoms. The second is that you then must decide whether these symptoms actually indicate a possible problem with chemical use.

Collect and Record Objective Data

The data on student symptoms of chemical use that you collect and record must be as objective as possible. That is, data should provide an unbiased, factual report of student performance and behavior. Your own **personal reactions** (e.g., "John offended me") to student performance and behavior are not objective. Nor is your **interpretation** (e.g., "Anne arrived in class drunk") of what a student says or does objective.

Objective data consist solely of a record of your **observations** (e.g., "Anne arrived in class with slurred speech") of the student's performance and behavior in your program. This is not to say that you should put on your trench coat and slouch hat and take notes on everything everyone does. This would probably be counterproductive.



You should, instead, simply observe performance and behavior as you carry out your normal instructional duties. As you interact with students, you can note behaviors that are symptoms of possible chemical use. To observe student performance and behavior in this manner is a standard part of good teaching, for the sake of student safety and efficient learning.

You should observe especially the following elements of student performance:

- **Attendance**—Students with chemical-use problems may be absent frequently or in a consistent pattern (e.g., every Friday). Absences may be excused or unexcused. Students may request frequent restroom breaks. They may also be consistently tardy.
- **Performance and grades**—Students may also perform poorly—even students who usually perform well. Students' grades may deteriorate. Students may have patterns of poor performance—every Monday morning, for instance. Knowledge, attitude, and manipulative skills might all be affected.
- **Behaviors**—Another symptom of possible use is inappropriate student behavior. Students may become rebellious or resentful of authority. They may show undue frustration, anxiety, or anger. They may be unexpectedly impulsive—or reflective and apathetic.
- **Interaction**—Students may interact differently with others. Some may become more aggressive and extroverted toward peers and teachers. Some may become hostile toward those around them. Others, however, may withdraw from contact with peers or with you.
- **Physical symptoms**—Finally, you may observe students displaying physical signs of possible chemical use: fatigue, bloodshot eyes, enlarged pupils, slurred speech, impaired motor control or coordination. Many of these signs (e.g., impaired coordination) could indicate a potential for serious safety problems.

When a student displays symptoms of possible chemical use, you should note the symptom and continue your observation of that student. Remember that a single, isolated incident means nothing. In some cases, you may need to observe students for several weeks to determine whether individual symptoms constitute a pattern of behavior or change in performance.

In other cases, however, a single incident **might** alert you immediately to a possible chemical-use problem—you might observe possession or even use of chemicals. In either case, having seen the signs of a problem, you should continue your observation to nail down the problem.

You can also collect data on student symptoms of chemical use informally through review of records. You might begin with **attendance data.** How many absences do attendance records show for the student? Is there a record of tardiness? Is there a pattern in the absences or tardiness?

You can also examine other records for further data. Have the student's **performance and grades** deteriorated? Do your class records show an increase in the notes or comments you have made about problems with the student's performance and class participation?

It is also important that you be thorough and faithful in collecting and recording data on student symptoms of chemical use. The data you collect and record will form the basis for your decision concerning whether you should intervene with a student. Consequently, you should develop the habit of noting symptomatic behavior regularly—as it occurs, if possible. If you cannot record data immediately, you should do so as soon as possible afterwards. In this way, you can ensure that your data are accurate and objective.

Finally, it is vital that you maintain the confidentiality of any data you collect. You should remember that, in the first place, the data can only lead you to identify **possible** chemical-use problems. No matter how convinced you might be, there is always the chance that you are mistaken in your conclusion. Given this possibility, it would be very unfair to students for you to broadcast unconfirmed suspicions.

Furthermore, even if you are correct—even if a student does indeed have a chemical-use problem—you must respect students' legal rights to confidentiality of information. Any such information you might have is to be shared only with other professionals trained in handling chemical-use problems. Casual conversation in the faculty lounge about a student's possible use of chemicals could result in a lawsuit.

Decide What to Do with the Data

As you collect and record objective data on symptoms of chemical use, you need to determine whether the data indicate a possible chemical-use problem. You should consider all your data—observations, attendance and performance records, and so on—as you make this decision.

You should first analyze your data. Do they indicate a pattern of performance or behavior? Do they reflect any general trends in the student's performance and behavior? Is there any long-term change in the student since you have known him or her? Remember that a single incident of behavior does not constitute a change. You should look, instead, across a history of the student's performance and behavior.

If you consider these factors—and your data are objective—you can identify students who exhibit persistent symptoms of chemical use. You will have accomplished your first step in intervention. Your next step—another decision—is what further action to take if you have identified a student or students exhibiting persistent symptoms of chemical use.

Take Further Action

You might, in some instances, take immediate further action when your observations indicate a possible chemical-use problem. If a student appears in your laboratory with very slurred speech, poor motor control, and no coordination, you should not allow the student to endanger him/herself and others. You might instead, send a student with such severe physical symptoms to qualified medical personnel in the school.

Or, you might observe apparent student use or possession of chemicals. An obvious strategy in this case would be to report what you have seen to an administrator, who is more likely to have the expertise and training to handle this serious legal problem.

Whatever further action you might take, however, it is essential to keep in mind your school's policy for combating chemical-use problems and the role it outlines for you. You should also recall possible legal implications of your actions in handling the problem and the local resources available to help.

Within all these considerations, you have three options in taking further action. You might, yourself, confront students exhibiting persistent symptoms of chemical use, participate in intervention conferences, or make student referrals. Your aim, again, is to act as the link between a student who might need help and the sources of help.

Make Student Referrals

You might take action by making student referrals. You might refer a student to a person or agency inside your school or college. Or you could refer a student to persons or agencies in the community at large. You can use your own knowledge of local resources for referral. You might also get input from your administration or from those specifically designated to deal with student use of alcohol and other drugs.

Your local policy may provide that referral be done in a particular way or that referral be made to a particular person or agency. You should, of course, observe any such policy as you make referrals. You should also involve any other persons specified by local policy in making the referral. It may be advisable to tell the student's significant others of your referral, to keep them abreast of your actions.

Once you have referred a student to a specific person or agency for help, you should maintain liaison, as necessary, with that person or agency. The referral program may require or provide for your involvement. If this is the case, you will need to know what role you are to play. You may be asked for progress reports on the student's performance or behavior. You may be asked to allow released time for the student to participate in specific activities as part of an overall treatment program.

Having made the referral, you will need to provide such help as you can. If requests for your help are made, you should honor them as fully as you can without interfering with your regular duties and responsibilities. It is possible that one of these students may return to your class. You will be much better prepared to deal with that student if you have maintained contact with the student and the agency.

Participate in Intervention Conferences

Another action you might take in dealing with student use of alcohol and other drugs is to participate in an intervention conference. At such a conference, you and other professionals and the student's significant others (e.g., parents, guardians) meet with the student exhibiting persistent symptoms of chemical use. Together, you plan help for the student.

You might initiate an intervention conference. Institutional policy might require that you do so, or you may prefer to obtain other trained help in confronting a possible problem. You could speak to an administrator or other designated person to arrange for the conference.

It can be helpful to involve a student's significant others in an intervention conference so that you can gain their support for your plans to help the student. Involving them in conferences also ensures that they understand what you are doing for the student. They will have the opportunity to see both your concern and what your motives and actions are.

Your participation in intervention conferences may be governed by institutional policy. You should observe this policy, acting in the role specified for you, cooperating with all appropriate others.

Your own role in an intervention conference will probably be to provide information—perhaps your observations of the student's performance and behavior. Other trained professionals, who will probably be conducting the meeting, can use this information in planning a program of help for the student.

As you participate in intervention conferences, you should remember your legal responsibility to keep information confidential. You should share information only with other concerned, qualified professionals working to help a student with a possible chemical-use problem.

Confront Students Exhibiting Persistent Symptoms

The dictionary lists several meanings for the term *confront*. The first, "face with hostility; oppose defiantly," is probably the most common. But there is a second meaning—"come face to face with." You should keep in mind that latter meaning as you take action. Your purpose is to come face to face with your student, in a positive, straightforward manner. You are seeking to offer the student help with a problem, not to threaten the student.

With that meaning in mind, review your school and college policy, resources, and teacher responsibilities. Policy or law may require that others be present or even be responsible for the confrontation. Students' significant others may have a right to be notified of such a confrontation and to attend it. An administrator or other teacher might need to be present as a witness. Or, your confrontation could occur with you and the student alone.

You may be required to document your actions. You may be required to identify possible referrals when you confront the student. Your role may simply be to act as a liaison between the student and a counselor or outside agency.

A confrontation does not occur in the middle of class or in front of other students. You need to confront students with this potentially sensitive topic in a conference setting, after classes, when you, the student, and appropriate others can speak privately.

Furthermore, confrontation does not mean looking a student in the eye and saying, "I know you're doing drugs—so what are we going to do about it?" Instead, you should tell a student what you **do** know: that you have observed particular behavior, physical signs, and so on, that may cause serious safety problems or make learning less likely and efficient.

As you tell your student of your observations, you should indicate how this behavior can be a problem. You could discuss conceivable causes for the behavior, including the possibility of chemical use. If the student recognizes the behavior you are reporting and its possible effects in the program, you can then go on to tell the student about sources of help you have identified. You might help the student arrange an appointment with a counselor or a visit to a treatment program.

Some students, on the other hand, will not acknowledge the symptoms you are reporting or their possible effects. They may ignore information you provide, or they may fail to keep an appointment with a counselor. In such cases, you will have to use your professional judgment and take action in accordance with institutional policy—by referring the matter to an administrator or other professional.

Regardless of your exact role in a confrontation, you will need to use your conference skills and active listening skills to keep the lines of communication open with the student. You should establish rapport with the student and help him or her to recognize and cope with the problem.

You should send nonverbal messages—relaxed posture, eye contact, appropriate comments—to show the student that he/she deserves and has your attention. The student should know that you can be open to other viewpoints, that you respect the student as a human being, and that you act out of your sense of responsibility for his/her own well-being and safety.

The following case study describes how a vocational teacher used intervention techniques. Read the case study and then **critique in writing** the performance of the teacher described, explaining (1) the strengths of the teacher's approach, (2) the weaknesses of the teacher's approach, and (3) how the teacher's performance could have been improved.

CASE STUDY

Mr. Petri, a teacher in a local vocational program, was concerned about one of his students, Fred Snow. He had noticed that Fred's eyes were bloodshot one morning when Fred came into class. That jogged his memory—didn't he remember seeing Fred with bloodshot eyes several times lately? And hadn't Fred been absent an unusual amount in the past few weeks?

Mr. Petri decided that he should check his attendance records. These records confirmed that Fred's absences had been increasing in the past two months. Checking his grade records, Mr. Petri noticed that Fred's grades had been dropping markedly over the same period.

Furthermore, there was no credit recorded for a special project, due the week before; Fred had failed to hand it in. Mr. Petri realized that this was the first time in his memory that Fred had not handed in a special project.

At that point, Mr. Petri decided that he should carefully observe Fred's performance and behavior in the classroom and lab. He observed, on numerous occasions, that it took Fred much longer than usual to set up practice jobs. Fred appeared confused and lost when using machinery he had used skillfully many times before.

He also observed several instances in which Fred's mood changed drastically, from withdrawn to aggressive, in a second's time. He realized that Fred was asking to be excused to use the restroom at least twice during every class. Finally, he observed Fred sound asleep on several occasions.

Mr. Petri carefully collected and recorded all these observations, making sure that he was objectively reporting what he had seen and heard. He continued his observations for a period of four weeks, recording as he went along.

Taken collectively, his observations indicated a general change in both performance and behavior on Fred's part. Fred's grades and in-class performance had both deteriorated. The records also indicated that Fred's mood fluctuation recurred repeatedly.

Mr. Petri was positive that he could not remember Fred having these drastic mood changes until quite recently. As he analyzed the data, Mr. Petri felt more and more strongly that Fred did indeed exhibit persistent symptoms of chemical use.

Mr. Petri decided at this point that he should confront Fred with his observations. He arranged for Fred to meet with him, privately, in his office. When Fred arrived, Mr. Petri told him what he had been observing—a deterioration in performance, a change in behavior, and physical symptoms that, together, indicated a possible problem with chemical use.

Mr. Petri was careful to approach both Fred and the subject at hand in a nonjudgmental manner. He used his active listening skills during his confrontation with Fred to make Fred feel at ease. He communicated his observations briefly and factually. He then kept the conversation focused on the help that Fred could get.

Fred's reaction was positive and encouraging. He appeared relieved when Mr. Petri brought up the topic of chemical use. Although he said nothing about using chemicals himself, Fred did seem receptive to Mr. Petri's offer of help. He left, agreeing to check in with Mr. Petri the next day to see what was next on the program.

It occurred to Mr. Petri, on his way out of the building, that he should recheck the school drug policy to see if he was supposed to get in touch with anyone else about this matter. At the office, the secretary asked what he needed. He answered, "Got a copy of the drug policy? I think I may have a problem with Fred Snow."

That evening, Mr. Petri reviewed the drug policy. The policy required an intervention conference to be held as soon as a student was identified as exhibiting persistent symptoms of chemical use. The policy stated that individual teachers were not to confront a student about possible chemical use.

The policy stipulated that, except under extraordinary circumstances and with administrative advisement, the confrontation was to occur at the intervention conference. Furthermore, the intervention conference was to be arranged and conducted by the school's Drug Action Task Force.

Mr. Petri sipped his coffee and drummed his fingers on the table. He had forgotten about the Drug Action Task Force. "Oh, well," he mused. "No harm done. I'll check in with the Task Force tomorrow."

NOTES

Compare your written critique of the teacher's performance with the model critique given below. Your response need not exactly duplicate the model response; however, you should have covered the same **major** points.

MODEL CRITIQUE

What Mr. Petri did well, he did quite well. He did a good job of identifying a student exhibiting persistent symptoms of chemical use. He carefully collected and recorded his data. He appeared to be making a great effort to report only objective observations of Fred's performance and behavior. He included in his data specific physical symptoms indicating possible chemical use.

Mr. Petri also analyzed his data appropriately. He did not focus on single incidents. He looked, instead, for general patterns and changes in Fred's performance and behavior. He checked his own records for a history of Fred's attendance, grades, and performance. Recurring behavior and physical symptoms were considered. He was correct when he identified Fred as exhibiting persistent symptoms of possible chemical use.

Finally, Mr. Petri had a successful confrontation with Fred. He was apparently able to communicate and act in a nonjudgmental manner during their talk. Judging from Fred's positive, receptive reaction, Mr. Petri's approach must have been appropriate and effective.

There was one possible weakness in Mr. Petri's confrontation with Fred, however. It would have been better for Mr. Petri just to have indicated to Fred that there seemed to be a problem in Fred's performance and behavior. At least initially, he could have tried to draw Fred out concerning possible causes of his problem. Fortunately, Fred reacted positively even though Mr. Petri came right out and voiced his suspicion that Fred was using chemicals.

Mr. Petri also acted carelessly by not reviewing his school policy to refresh his memory about what he was supposed to do. He failed to ensure that he was acting in the role specified for him by the policy. He forgot to involve the Drug Action Task Force. There may have been other local resources he could and should have tapped.

In addition to school policy, Mr. Petri also failed to review his legal responsibilities. He may have violated Fred's legal rights by confronting him alone—school or state law might have required a witness. In his state, he might have been required by law to report any such confrontation to a specified person or agency.

Mr. Petri made one other serious mistake, which could have caused serious harm. He failed to maintain the confidentiality of the data he had collected and recorded. Although his comments to the secretary in the office are not specific, they at least indicated that he was suspicious about Fred Snow. In telling the secretary this, Mr. Petri probably violated Fred's right to confidentiality of information.

What should Mr. Petri have done? Obviously, he should have reviewed the school policy as soon as he identified a problem with Fred. Then he would have been aware of his precise role and legal responsibilities. He could have acted appropriately by using local resources, as policy stipulated or suggested. He could have respected his student's rights by keeping his data confidential.

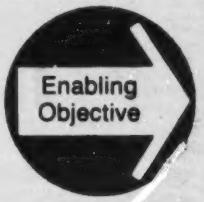
Had he done these things, he might have done a model job because of his skill in using intervention techniques. He identified a possible problem. He managed the confrontation—the one he should not have had—well. Using these techniques this skillfully, he could become an expert at intervention and serve appropriately in this role, perhaps **as a member** of the Drug Action Task Force.

Level of Performance: Your written critique of the teacher's performance should have covered the same **major** points as the model critique. If you missed some points or have questions about any additional points you made, review the material in the information sheet, Intervention Techniques, pp. 34–37, or check with your resource person if necessary.

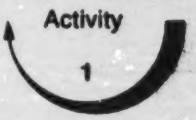
NOTES

Learning Experience IV

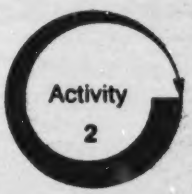
OVERVIEW



After completing the required reading, critique the performance of the teachers described in given case studies in providing continuing support to recovering students.

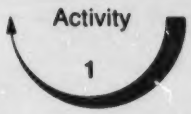


You will be reading the information sheet, Providing Continuing Support to Recovering Students, pp. 44–50.



You will be reading the Case Studies, pp. 51–52, and critiquing the performance of the teachers described.

You will be evaluating your competency in critiquing the teachers' performance in providing continuing support to recovering students by comparing your completed critiques with the Model Critiques, pp. 53–54.



You may have students in your vocational program who are recovering from chemical use. For information on how you can aid the recovery of these students by supporting and reinforcing their progress, read the following information sheet.

PROVIDING CONTINUING SUPPORT TO RECOVERING STUDENTS

As part of your overall program for combating problems of student chemical use, you may need to help students who are recovering from chemical use. A recovering student is one who has recognized that he or she has a chemical-use problem and is trying to deal with that problem. The recovering student is generally involved in a treatment program with professional counselors, therapists, or other specialists. You may have referred the student to the treatment program yourself.

Some recovering students may have been in long-term residential treatment programs. In such programs, students live in an institutional setting with others who are attempting to resolve chemical-use problems. The length of time students might spend in a residential treatment program can vary from weeks to months (and sometimes years), depending on their individual situations and the practices of the institution.

Other recovering students may be in outpatient treatment programs. In these cases, students continue to live in their usual settings. However, they receive regular counseling from program personnel—individually or in groups. Such outpatient treatment may be either long- or short-term, again depending on students' individual situations and program practices. In addition, some students who have been in residential treatment programs may continue in outpatient treatment programs after they leave the institutions.

Most of the recovering students who might be in your vocational-technical program probably will have stopped using chemicals. But they may be pressured by peers to resume chemical use. During recovery, some may begin using chemicals again.

Each recovering student is, of course, an individual with problems and concerns unique to his or her own situation. It will be necessary, then, for you to approach each recovering student as an individual. There are no stereotypes that apply to all recovering students. There are, however, some common problems that many recovering students experience.

Stress

It is not unusual for recovering students to experience considerable stress. The state of recovery itself is a stressful one. Students are attempting to break a habit that was developed and reinforced over time—that of chemical use, with its resulting physical and psychological dependency.

The recovering student is also likely to be changing his/her life-style. He or she may be leaving a residential treatment program and returning to home, school, and friends. The student in an outpatient program may be attempting to break one set of friendships and start another, to shed old habits while cultivating new ones, to substitute a sense of self-responsibility for one of dependency.

Another possible source of stress for the recovering student is fear of failure in recovering. The recovering student is likely to have made some emotional commitment to recovery. Having concluded that chemical use was less than ideal—if not downright bad—the student has made the decision to reach for the goal of discontinuing use or dependency. Having once said, "I can do it and I should," the student's self-esteem may depend, to some extent, on his or her success in recovery.

Stress can also arise from being eager to succeed in your program. A part of recovery is often a renewed commitment to achievement in school. The recovering student may need, more than other students, to succeed simply to prove that he or she can.

Furthermore, students who have been in long-term residential programs may experience additional stress upon reentering your program. They may have been away from school and learning, in the formal sense, for some time. They may feel that, in the meantime, they have forgotten how to study.

Alienation

Many recovering students have feelings of alienation. They may feel that they don't belong—either to the "drug world" they are attempting to leave behind or to the "straight world" they are attempting to enter. They may feel that they are between a rock and a hard place—leaving one world, entering the other, and belonging to neither.

Recovering students may, for instance, feel alienated from their peers. Their former peers, with whom they acquired the habit of chemical use, may no longer accept them. The recovering student no longer fits into their society and has, in fact, rejected it—or is, at least, trying to do so.

On the other hand, the recovering student's new peers, who are not chemical users, may not be accepting either. They may be suspicious of the recovering student. They may do a lot of stereotypical thinking (e.g., "If you are recovering, you must have been an addict, and we all know what kind of people become drug addicts").

This sense of alienation can extend well beyond students' peers, old or new. Some recovering students may feel alienated from the whole world around them. Such students, in beginning chemical use, may have felt that they were rejecting the world they knew—parents, school, careers, the establishment—in favor of a newer, better world of good times and good friends, free of care and worry and the pressure to succeed. So, when this world showed itself to be false, what was left to turn to?

Recovering students may even feel alienated from themselves. They may feel guilty over their own use of chemicals. They may feel that they are worthless and will never amount to anything. This low sense of self-esteem may not have originated in the use of chemicals, but it can be aggravated by such use nonetheless.

Defensiveness

Recovering students may be defensive about their history of chemical use or about themselves. This defensiveness may result from negative feedback received from others because of chemical use. Many people criticize not the behavior of using chemicals, but the person using them. Recovering students may have been told that they are bad—over and over again, in countless numbers of ways, by people who were supposed to care.

The recovering student, however, like any other person, probably doesn't care to hear all this. Hearing "Boy, were you bad!" certainly doesn't help the recovering student to recover. The student is probably well aware that some of his or her behavior was less than wise; he or she is, after all, **recovering** and not **using.** Thus, the student may become defensive, thereby subconsciously transferring at least some of the "bad" elsewhere.

The recovering student's defensiveness may take the form of resentment of others. The student may blame other people or things beyond his/her control for the problem of chemical use. A student may feel that parents or teachers were so nasty and unfair that he or she was driven to drink, so to speak. Or, a student may blame peers, saying that the only way to have friends was to use chemicals.

Defensiveness might also take the form of suspicion of others. Since the recovering student might have had so much negative feedback from others, the student could come to suspect the motives of anyone not acting in that manner. If encountering nonjudgmental, caring, accepting behavior is a new experience for the recovering student, he or she may well wonder what the game is.

This kind of defensiveness, of course, often masks the true problem of low self-esteem. The recovering student may truly want to be "good" but be unable to believe that he or she is. On the other hand, the student may simply be unable to accept the negative feedback so often received, because it strikes too close to home. Deflecting this negative feedback onto others allows the student to accept it, yet reject it, at the same time.

Continued Effects of Chemical Use

Some recovering students may continue to show long-term effects of chemical use, even though use has ceased. Use of some chemicals can cause long-term loss of memory. Use of others may cause long-term, general debilitation, such as progressive loss of motor coordination. Use of certain hallucinogens can cause flashback (a temporary recurrence of the symptoms of use and the "high" resulting from use) years after use has ceased.

If these long-term effects of chemical use continue after recovering students reenter your program, they could pose a safety hazard. It is unlikely that a recovering student will be placed into your program in such poor condition as to be unable to function. However, you should be aware of the possible implications for safety of the continued effects of chemical use.

Possibility of Relapse

Finally, there is a possibility that a recovering student may relapse into chemical use. Chemical dependency can be an enormously difficult habit to break. You may have experienced this yourself if you have ever tried to stop smoking, cut out your morning coffee, or fall asleep without your regular sleeping pill.

Difficulty in breaking a dependency on chemicals, combined with other problems associated with recovery, may overwhelm a recovering student. The student may become discouraged with the progress he or she is making in recovery. The desire to use chemicals may persist for a long period of time. Pressure from peers to resume chemical use may also occur. The recovering student may have every intention of abstaining, yet relapse into old habits in response to these or other pressures.

Your Role

You can be a great help to recovering students in your program. You can assist them in dealing with the various problems of recovery. You can also aid them in their progress—both toward recovery and toward entry-level competency in your occupational specialty—by doing the following:

- Create a nonthreatening environment for the recovering students in your classroom or laboratory.
- Promote peer acceptance.
- Encourage student participation in support groups.
- Reinforce positive student behavior.
- Meet the individual needs of recovering students in your instructional program.
- Identify students exhibiting persistent symptoms of relapse and intervene appropriately.
- Help to make the school and community aware of chemical use.

Create a Nonthreatening Environment

Students will be more likely to succeed in recovery and in your program if they feel comfortable and accepted in your classroom or lab. They need to understand that, even though you set and enforce standards for behavior, you can still respect them as persons.

If the environment does not threaten recovering students, they will be less likely to experience stress, alienation, or defensiveness. They will know there is someone with whom they can talk, some place where they belong, something at which they can succeed.

As your first step, you should remember to keep the lines of communication open with recovering students. As you communicate with them, you can show them that they have your attention, that they can interact objectively with you. You can use active listening skills to ensure that students know they have your attention when you interact with them.

Promote Peer Acceptance

Another technique to use to help create a nonthreatening environment is to promote peer acceptance of recovering students. You can promote peer acceptance by providing peers with information, setting an example of acceptance, and providing activities that allow peer contact.

Provide information. You can, first of all, provide the students in your classroom or lab with information about a recovering peer, as necessary. You might inform them that the recovering student has had problems with chemical use and is trying to deal with those problems, if the recovering student agrees to share this confidential information with others.

You might also tell them that the student was or is in a treatment program, seeking professional help in recovery. You might indicate whether the recovering student is returning to school or college after a long absence.

You should use your common sense in providing information to recovering students' peers. It may not be necessary to describe a recovering student's past use or treatment. If you do give such information, you should do it in some way that will not embarrass or alienate the recovering student. It would probably be best to provide information to students individually, as you see a need for it.

The information you provide, however, should not concentrate on the differences in the recovering student's situation. You should emphasize the fact that the recovering student is just another person, like all the other students in the program.

Consequently, you should tell students about the qualities, interests, hopes, and feelings that they might **share** with the recovering student. You can ensure that students understand that their recovering peer is a whole person —that the student's recovery is only one part of that person and not the only quality that describes him or her.

Set an example. You should also set an example of acceptance for your students, showing them by your words and actions that you consider the recovering student to be just as worthy as the rest of them. You can demonstrate your own concern and caring for the recovering student by dealing openly and honestly with the student and the student's chemical-use problem.

The example you set in showing acceptance of a recovering student gives your other students another opportunity to see the real person. Through you, they may see that the recovering student is not a stereotype, ready to do anything for a fix.

This might help them to realize that the recovering student interacts with them just like everyone else does. Some students might discover that it is unnecessary to be frightened or disapproving or to have a "holier-than-thou" attitude. They will have the same chance to understand, again, that this is a person, perhaps just like themselves.

Provide activities that allow contact. Perhaps the most effective means of promoting peer acceptance of the recovering student is to provide activities that allow meaningful, structured contact between the recovering student and peers. These activities can give students the chance to interact, cooperate, and relate to one another. This kind of contact will, once more, give all students the opportunity to understand that the recovering student is real and whole, as they themselves are.

One such activity could be group projects, in which students cooperate to achieve a common goal. You can also involve all students in group discussions, furnishing the opportunity for students to see the contributions that a recovering peer has to make. Brainstorming and buzz groups provide a similar opportunity for students to see what others have to contribute.

Finally, you could have a recovering student participate in panel discussions, presentations, demonstrations, or peer-tutoring, all of which provide the same opportunity for peers to see the real, whole person.[2]

Encourage Student Participation in Support Groups

Support groups can provide recovering students with considerable help in dealing with the problems of recovery. Participating in a support group made up of others who are in the same situation can help a recovering student overcome the distressing feelings that may accompany recovery.

Recovering students in your program could participate in support groups either in the school or in the community at large. Whatever the setting, a recovering student can feel a sense of belonging. He or she can be reassured that there are others who have similar problems, concerns, and experiences. The recovering student can also observe others who are successfully recovering or reentering training or the world of work.

Recovering students may also find, once associated with a support group, that they have something to offer others. They may be able to share their own experience and their own successes. They may be able to help other recovering students to do what they have done—break a habit of chemical dependency and take charge of their own lives again.

Reinforce Positive Student Behavior

Another method to use in helping recovering students is to reinforce positive behavior as it occurs. You can give recovering students positive feedback that is realistic and meaningful. Positive feedback and reinforcement can help greatly to undo the effects of the negative feedback students may have received from others.

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2. To gain skill in providing activities to promote peer acceptance, you may wish to refer to Module L-6, *Promote Peer Acceptance of Exceptional Students.*

Thus, when a recovering student exhibits appropriate behavior in your classroom or lab, you should be ready to offer a word of praise or a pat on the back. If the student is acting responsibly, you can gain much by simply letting him or her know that you are aware of this and appreciate the progress it implies. You can reward a student's efforts in recovery by noticing progress and saying so.

To be realistic and meaningful, your reinforcement should not be overdone or condescending. You don't need to praise a recovering student to the skies every time he or she comes to class on time. If you were to do this, your actions would lose their effectiveness. But realistic and repeated encouragement can be of great help to recovering students as they progress toward recovery.

Modify Your Instructional Program

Recovering students may have some special needs that you can fill with minor changes in your instructional program. These needs can arise from problems associated with recovery and the effects those problems can have on student's performance in your program.

Provide for success. Some recovering students may need to experience success in their vocational-technical training as quickly as possible. Some may have a low sense of self-esteem. Some may be apprehensive about returning to school if they have been away from this setting in a residential treatment program.

To help recovering students, you should provide early and frequent opportunities for success. You may need to provide more frequent assessment of their progress toward their instructional goals and objectives. You should also ensure that recovering students receive prompt and regular feedback concerning the results of assessment.

Assessment feedback needs to be provided in a positive, supportive manner. You need not, and should not, stretch the truth and tell recovering students they are doing well when they are not. But you can **first** tell the recovering student what he or she did **right** on the dovetail joint, spot weld, pie crust, double seam, or whatever; then what needs to be improved; then how to improve it.

Feedback and criticism should, of course, always be constructive. But for the recovering student, receiving positive feedback may be critical.

You can also provide opportunities for success by giving recovering students the chance to catch up if they need to. Some students may have been away from the classroom or lab for some time. Others may have suffered some memory loss as a long-term effect of chemical use. These students may not have all the basic knowledge and skills that students in your program usually have.

You can determine whether recovering students need to catch up on these occupational basics. Then, you can provide activities and materials to allow them to do so. In this way, they can start their training on the right foot, experiencing success from the very beginning.

You should also be sure to provide structure for recovering students. The stress, alienation, and fear of failure they might experience can be minimized if you provide a well-structured environment and activities to help them learn. This structure can give recovering students a clear sense of direction, established goals to strive for, and a precise definition of success.

Provide released time. Some recovering students may need released time in order to participate in activities related to recovery. Students in outpatient treatment programs, for example, may have regularly scheduled counseling sessions to attend. The need for released time will probably not be extensive, since treatment program personnel will certainly be aware of the student's enrollment in your program. When the need does occur, however, you should try—within reason—to accommodate it.

If you provide released time, however, you should not simply excuse the recovering student's absence and let it go at that. You will need to make provisions for the student to make up work missed during released time. The student's overall goal remains the same—to attain entry-level competency in your occupational specialty. The student will still need the knowledge and skills covered in missed sessions, and you will need to provide materials or activities to help the student gain the knowledge and skills missed.

You may also be able to alter your traditional schedule, to some degree, in order to accommodate a recovering student's need for released time. Let's say, for example, that one of your students must attend a

group counseling session every Monday at 9:00 a.m. You have always been in the habit of introducing a new unit on Monday mornings.

Since this student is out every Monday morning, he or she always misses the unit introduction—much to his or her disadvantage. To assist him or her, perhaps you could change your schedule to introduce new units on Tuesday mornings.

You should, finally, be sure that recovering students understand that released time involves responsibilities for **them.** It will be their responsibility to make up missed work using the activities or materials you have provided. Furthermore, it will be their responsibility to attend the recovery activity for which the released time is provided.

You should also remember school policy—it may spell out some requirements on providing students with released time for any purpose. The policy may require that you or the student fill out paperwork for an excused absence. At the secondary level, the student's parents or guardians may be required to sign release forms for the students to leave the school grounds. You or the student may also be required to verify his/her attendance at the activity for which released time is provided.

Assist in job placement. Almost all vocational teachers play some part in assisting their students in obtaining jobs at the end of training. Your own involvement in job placement depends, of course, on your local situation—what role your school assigns to you, what other resources might be available to you, what contacts you might have in the community.

Whatever your own role in job placement is, you should be sure to fulfill that role in placing recovering students into the world of work. They, perhaps more than most students, have need of the positive benefits of placement and employment—self-esteem, fulfillment, success, and responsibility. Thus, it may be crucial for recovering students that you assist in the process.

You can make recovering students aware of the possibilities for employment locally (i.e., which local employers might need the occupational knowledge and skills they will possess after training). You can ensure that any placement counselors in your school know about the qualifications of recovering students in your program and their need for employment. You might use your contacts within the community to identify specific positions for which recovering students might apply.

Identify Relapse and Intervene

As stated previously, there is the possibility that a recovering student may relapse into chemical use. Given this possibility, you have responsibility for observing recovering students for symptoms of chemical use, just as you do with all other students.

This does not mean, of course, peering over students' shoulders, anticipating their relapse at any moment. Your expectations can have a great effect on what students do. If you're waiting for students to resume use, this may become a self-fulfilling prophecy.

It will be necessary, as you observe students for symptoms of relapse, to follow the same procedures you would use in identifying new users. The idea in identifying relapse is the same. You should not base your identification on any single behavior or occurrence. Rather, you need to look for patterns of behavior and trends of change in recovering students.

Once you have identified that a recovering student is exhibiting persistent symptoms of relapse, you should intervene appropriately. The appropriate intervention strategy depends, of course, on your local situation—local policy, your prescribed role in dealing with student chemical use, local resources, and legal implications. Thus, after identification, you should review all these factors in your own situation to ensure that whatever action you take is appropriate.

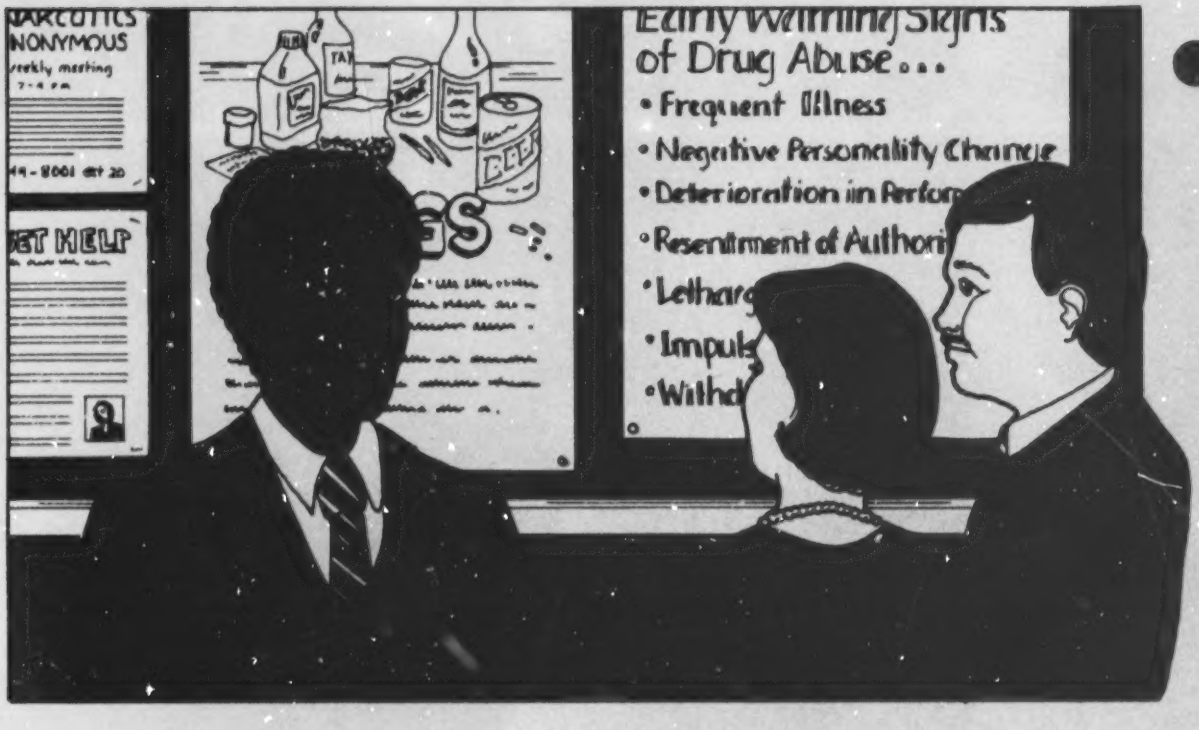
When you intervene—appropriately—to help a recovering student who is in relapse, you should ensure that your intervention is conducted in the proper spirit. It is very important, here again, that you keep the lines of communication open. The purpose of your intervention is to provide the student with the help needed. It is not to judge, propagandize, or moralize.

Help Make Others Aware

You may also wish to help make others in your school and community aware of chemical use. The problem of chemical use is one that requires the concerted efforts of all concerned if progress is to be made. You cannot expect to conduct a sophisticated public relations campaign on student use of alcohol and other drugs—far from it. Your responsibilities toward all your students will probably not allow you the time for this.

You can, however, make your own knowledge of chemical use available to others in your school or community. You can share this knowledge with them in many simple ways. You need not preach or get on a soapbox. You might start by simply telling your professional colleagues, in your own institution, what you know and what your concerns are.

You can also make an effort to ensure that these colleagues and your administration are aware of the problems that exist and the solutions that are possible. One means to further this awareness in your own school or college could be to become a member of an action group, if one exists.



You could also share your knowledge with members of the community. You might be able to speak about chemical-use problems to parents and teachers at a PTA meeting or during a regularly scheduled open house. You might display posters or a bulletin board on chemical use during an open house. You could also share your knowledge with groups or organizations you belong to—community groups, neighborhood associations, religious groups, service clubs, and so on.

You should always remember, as you help to make others aware of chemical use, that you should talk about the general problem. You are not giving a report on specific students who use specific chemicals. You should never mention any student by name; you should never describe students in such a way that they could be identified by your listeners. Students have a moral and legal right to the confidentiality of any information you may have about them.

The following case studies describe how two vocational teachers provided continuing support to recovering students. Read each case study and then **critique in writing** the performance of the teacher, explaining (1) the strengths of the teacher's approach, (2) the weaknesses of the teacher's approach, and (3) how the teacher's performance could have been improved.

CASE STUDIES

Case Study 1:

Mr. Chang was stumped. He had been trying ever since the beginning of the term to smooth the way for one of the students in his program, Sally Crandall, who was recovering from chemical use. He had been trying to create a nonthreatening environment for Sally, so that some of the problems she was experiencing in recovery could be minimized.

He had also worked hard to promote peer acceptance of Sally. With Sally's permission, he had given his students information on her ten-month stay in a residential treatment program, her progress toward recovery in the program, her hope for employment, and her interest in the occupational area.

He had been careful to set a good example of acceptance for his students. He was always supportive in the way he treated Sally. He used his active listening skills whenever he interacted with her. He made certain that all students could see, from the way he treated Sally, that he cared about her just as much as he did about any student.

He had also tried hard to reinforce positive behavior on Sally's part. He gave her all the positive feedback he could to help reduce the stress and alienation she was feeling. He tried to make this feedback realistic, too—he only praised her when she did something to deserve it.

But he could tell that Sally still felt somewhat alienated in her surroundings. She had told him that she didn't really feel accepted by the other students in the program. Furthermore, she felt that no one around—including Mr. Chang—could really understand the kinds of problems she was having. Mr. Chang wondered what else he could do to create a more nonthreatening environment for Sally.

Case Study 2:

Margaret Culver taught in a vocational program at Crooked Forks Skills Center. One of her students, Jason Gardiner, was in an outpatient treatment program for chemical use. Ms. Culver was doing her best to help Jason succeed in her program by making some minor modifications in her instructional program.

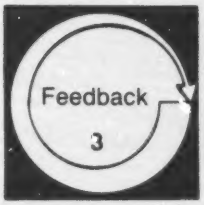
She realized that Jason was quite concerned about making the grade in her program—he seemed quite frightened, in fact, of failing. So, she had been sure to give him plenty of opportunities for success from the start. Since her program was largely individualized, it had been easy for her to assess Jason's progress frequently.

She also faithfully gave Jason prompt and regular feedback on each assessment, and she gave it in a positive manner. She told Jason what he did right, where he could improve, and how he could improve.

She had also talked to the job placement counselor at Crooked Forks about Jason's qualifications and hopes for a job after graduating. She had suggested some specific employers that she knew hired beginning workers with Jason's skills. She wanted to be sure that Jason wasn't lost in the shuffle at the end of the year, when all the students at Crooked Forks would be trying to crowd into the counselor's office at the same time.

Ms. Culver was a little concerned about a couple of things, however. Jason seemed to have a very poor memory, perhaps as an effect of long-term past chemical use. Because of this, he seemed behind in some knowledge and skills basic to her program.

Also, Ms. Culver usually gave group demonstrations and shared information with students on Friday afternoons. It was a pleasant change of pace at the end of the week. However, Jason had to attend a group therapy session every Friday afternoon at 1:30, so he missed some of the group demonstrations and information sharing.



Compare your written critiques of the teachers' performance with the model critiques given below. Your responses need not exactly duplicate the model responses; however, you should have covered the same **major** points.

MODEL CRITIQUES

Case Study 1:

We should probably take about three-fourths of our hat off to Mr. Chang. From what we read, he has worked hard—and effectively for the most part—to create a nonthreatening environment for Sally Crandall. The actions he has taken so far are praiseworthy, although he has forgotten a couple of things that might help him out of his predicament.

On the good side, Mr. Chang's work to promote peer acceptance of Sally was admirable. With Sally's permission, he gave her peers information about her so that they could understand her situation. With this information, the other students in the program had an opportunity to see that Sally was, in the last analysis, just another person training for entry into the world of work—as were they all.

Furthermore, Mr. Chang seemed to be effective at setting an example of acceptance for other students to follow. He was careful to be supportive. He used his skill in active listening. This example he was setting gave Sally's peers, again, the opportunity to see that Sally was really just another student, at least as far as Mr. Chang was concerned.

Mr. Chang's concern for giving Sally reinforcement and positive feedback was also justified. It was good that he made an effort to keep this feedback realistic, as well. He was probably correct in his assumption that this would help to reduce the stress and alienation that Sally was experiencing.

Mr. Chang did, however, forget one important part of promoting peer acceptance. He failed to provide activities that would allow meaningful, structured contact between Sally and her peers in the program. He might have involved Sally and other students in group discussions, demonstrations, peer-tutoring, or any number of other activities.

Such activities would have given both Sally and her peers the opportunity to get to know each other as real, whole people. Sally would have had the chance to gain a sense of belonging through this contact. Her peers would have had the chance to see Sally functioning effectively in a regular instructional activity.

Mr. Chang also should have encouraged Sally to participate in a support group, either in the school or in the community. Since Sally seemed to feel that no one was able to understand her problems or situation, the sense of sameness provided by a support group would have been very beneficial to her. She would have had the opportunity for contact with others who shared her problems and situation. She could have felt that there was someone to talk to who would understand.

Case Study 2:

All in all, Crooked Forks was probably lucky to have a teacher like Margaret Culver. By and large, she was concerned and conscientious with the recovering student. The modifications she had made in her instructional program were probably a help to Jason—they very likely increased his chances for success both in recovery and in vocational training. Her only fault was that she omitted a couple of steps she could have taken.

Perhaps the best part of Ms. Culver's program was her care in providing Jason with early and frequent opportunities for success. This consisted of regular assessment and feedback on Jason's progress in training. Furthermore, the feedback she provided appeared to be positive and constructive, focused on the performance and not on the person.

Ms. Culver also did well to assist in the job placement process on Jason's behalf. She apparently did what she could to ensure that Jason would not be overlooked in the placement process.

Ms. Culver should have been more concerned about Jason's memory loss, however. She should have provided activities and materials to help Jason review the knowledge and skills basic to the occupational specialty. This would have given him the chance to start off on the right foot, which could ultimately contribute to his chances for success in training and, later, in the world of work.

Finally, Ms. Culver should have resolved the conflict over Friday afternoons. She should, at the very least, have provided Jason with activities or materials to make up the work he was missing and to gain the information that was shared. At best, she might have been able to change her own schedule, giving group demonstrations and sharing information with students at some time when Jason was able to be present.

Level of Performance: Your written critiques of the teachers' performance should have covered the same **major** points as the model critiques. If you missed some points or have questions about any additional points you made, review the material in the information sheet, Providing Continuing Support to Recovering Students, pp. 44–50, or check with your resource person if necessary.

Learning Experience V

FINAL EXPERIENCE

In an **actual teaching situation,*** combat problems of student chemical use.

As part of your duties as a teacher, combat problems of student chemical use. This will include—

- preparing for the problem of student chemical use
- using prevention techniques
- using intervention techniques
- providing continuing support to recovering students

NOTE: Due to the nature of this experience, you will need to have access to an actual teaching situation over an extended period of time (e.g., three to six weeks).

As you perform each of the above activities, document your actions (in writing, on tape, through a log) for assessment purposes.

Arrange to have your resource person review any documentation you have compiled. If possible, arrange to have your resource person observe at least one instance in which you are conducting activities to combat problems of student chemical use.

Your total competency will be assessed by your resource person, using the Teacher Performance Assessment Form, pp. 57–59.

Based upon the criteria specified in this assessment instrument, your resource person will determine whether you are competent in combating problems of student chemical use.

*For a definition of "actual teaching situation," see the inside back cover.

NOTES

TEACHER PERFORMANCE ASSESSMENT FORM

Combat Problems of Student Chemical Use (E-10)

Name _____

Date _____

Resource Person _____

Directions: Indicate the level of the teacher's accomplishment by placing an X in the appropriate box under the LEVEL OF PERFORMANCE heading. If, because of special circumstances, a performance component was not applicable, or impossible to execute, place an X in the N/A box.

	LEVEL OF PERFORMANCE					
	N/A	None	Poor	Fair	Good	Excellent
In preparing for the problem of student chemical use, the teacher:						
1. determined the relevant policy and regulations of his/her school or college	☐	☐	☐	☐		
2. determined his/her legal role and responsibilities	☐	☐	☐	☐		
3. verified his/her understanding of policy, regulations, and legal implications with appropriate personnel	☐	☐	☐	☐		
4. identified resources at his/her disposal in the school or community	☐	☐	☐	☐		
5. identified persons and agencies to whom students could be referred	☐	☐	☐	☐		
6. assessed his/her own use of alcohol and other drugs	☐	☐	☐	☐		
7. assessed his/her values and attitudes toward chemical use	☐	☐	☐	☐		
8. determined the attitudes of other teachers and others in the community toward chemical use	☐	☐	☐	☐		
9. consulted reliable resources to:						
a. identify symptoms and effects of chemical use	☐	☐	☐	☐		
b. keep up to date concerning trends in chemical use	☐	☐	☐	☐		
In using prevention techniques, the teacher:						
10. set standards for student behavior in the vocational program	☐	☐	☐	☐		
11. used active listening skills to keep the lines of communication open with students	☐	☐	☐	☐		
12. provided students with information on the continuum of chemical use and its effects	☐	☐	☐	☐		
13. provided information in an appropriate manner (e.g., through posters, in response to specific questions or situations, by providing a resource center)	☐	☐	☐	☐		

	N/A	None	Poor	Fair	Good	Excellent
14. helped students to examine their own use of chemicals	☐	☐	☐	☐	☐	☐
15. helped students to clarify their values concerning chemical use	☐	☐	☐	☐	☐	☐
16. helped students to explore the effects of internal and external pressures	☐	☐	☐	☐	☐	☐
17. provided activities to help students develop a sense of self-responsibility	☐	☐	☐	☐	☐	☐
18. provided activities to help students develop their decision-making skills	☐	☐	☐	☐	☐	☐
19. provided information and activities to support students' discovery of alternatives to chemical use	☐	☐	☐	☐	☐	☐
In using intervention techniques, the teacher:						
20. identified students exhibiting persistent symptoms of chemical use by:						
a. collecting and recording objective data on student performance and behavior	☐	☐	☐	☐	☐	☐
b. consulting student records for a history of behavior and performance	☐	☐	☐	☐	☐	☐
c. maintaining the confidentiality of data collected	☐	☐	☐	☐	☐	☐
d. analyzing the data for patterns and general trends of performance and behavior	☐	☐	☐	☐	☐	☐
21. intervened appropriately according to local policy, regulations, and legal constraints (e.g., confrontation, intervention conference, referral)	☐	☐	☐	☐	☐	☐
22. conducted intervention activities in an appropriate manner	☐	☐	☐	☐	☐	☐
In providing continuing support, the teacher:						
23. promoted peer acceptance of recovering students by:						
a. providing peers with information about recovering students, as appropriate	☐	☐	☐	☐	☐	☐
b. setting an example of acceptance for recovering students	☐	☐	☐	☐	☐	☐
c. providing activities to allow meaningful, structured contact between students and peers	☐	☐	☐	☐	☐	☐
24. encouraged recovering students to participate in support groups in the school or community at large	☐	☐	☐	☐	☐	☐
25. reinforced positive behavior of recovering students	☐	☐	☐	☐	☐	☐
26. provided early and frequent opportunities for success for recovering students	☐	☐	☐	☐	☐	☐

	N/A	None	Poor	Fair	Good	Excellent
27. provided prompt, regular feedback in a positive, supportive manner	☐	☐	☐	☐		
28. provided activities and materials for reviewing the occupational basics as needed	☐	☐	☐	☐		
29. provided released time, as necessary, within the limits of local policy	☐	☐	☐	☐		
30. assisted in job placement of recovering students	☐	☐	☐	☐		
31. identified, in an appropriate manner, recovering students exhibiting persistent symptoms of relapse	☐	☐	☐	☐		
32. intervened appropriately to help recovering students exhibiting persistent symptoms of relapse	☐	☐	☐	☐		
33. participated in activities to help make the school and community aware of chemical use	☐	☐	☐	☐		

Level of Performance: All items must receive N/A, GOOD, or EXCELLENT responses. If any item receives a NONE, POOR, or FAIR response, the teacher and resource person should meet to determine what additional activities the teacher needs to complete in order to reach competency in the weak area(s).

NOTES

ABOUT USING THE NATIONAL CENTER'S PBTE MODULES

Organization

Each module is designed to help you gain competency in a particular skill area considered important to teaching success. A module is made up of a series of learning experiences, some providing background information, some providing practice experiences, and others combining these two functions. Completing these experiences should **enable** you to achieve the **terminal** objective in the final learning experience. The final experience in each module always requires you to demonstrate the skill in an actual teaching situation when you are an intern, a student teacher, an inservice teacher, or occupational trainer.

Procedures

Modules are designed to allow you to individualize your teacher education program. You need to take only those modules covering skills that you do not already possess. Similarly, you need not complete any learning experience within a module if you already have the skill needed to complete it. Therefore, before taking any module, you should carefully review (1) the introduction, (2) the objectives listed on p. 4, (3) the overviews preceding each learning experience, and (4) the final experience. After comparing your present needs and competencies with the information you have read in these sections, you should be ready to make one of the following decisions:

- That you do not have the competencies indicated and should complete the entire module
- That you are competent in one or more of the enabling objectives leading to the final learning experience and, thus, can omit those learning experiences
- That you are already competent in this area and are ready to complete the final learning experience in order to "test out"
- That the module is inappropriate to your needs at this time

When you are ready to complete the final learning experience **and** have access to an actual teaching situation, make the necessary arrangements with your resource person. If you do not complete the final experience successfully, meet with your resource person and arrange to (1) repeat the experience or (2) complete (or review) previous sections of the module or other related activities suggested by your resource person before attempting to repeat the final experience.

Options for recycling are also available in each of the learning experiences preceding the final experience. Any time you do not meet the minimum level of performance required to meet an objective, you and your resource person may meet to select activities to help you reach competency. This could involve (1) completing parts of the module previously skipped, (2) repeating activities, (3) reading supplementary resources or completing additional activities suggested by the resource person, (4) designing your own learning experience, or (5) completing some other activity suggested by you or your resource person.

Terminology

Actual Teaching Situation: A situation in which you are actually working with and responsible for teaching secondary or postsecondary vocational students or other occupational trainees. An intern, a student teacher, an inservice teacher, or other occupational trainer would be functioning in an actual teaching situation. If you do not have access to an actual teaching situation when you are taking the module, you can complete the module up to the final learning experience. You would then complete the final learning experience later (i.e., when you have access to an actual teaching situation).

Alternate Activity or Feedback: An item that may **substitute** for required items that, due to special circumstances, you are unable to complete.

Occupational Specialty: A specific area of preparation within a vocational service area (e.g., the service area Trade and Industrial Education includes occupational specialties such as automobile mechanics, welding, and electricity.

Optional Activity or Feedback: An item that is not required but that is designed to **supplement** and enrich the required items in a learning experience.

Resource Person: The person in charge of your educational program (e.g., the professor, instructor, administrator, instructional supervisor, cooperating/supervising/classroom teacher, or training supervisor who is guiding you in completing this module).

Student: The person who is receiving occupational instruction in a secondary, postsecondary, or other training program.

Vocational Service Area: A major vocational field: agricultural education, business and office education, marketing and distributive education, health occupations education, home economics education, industrial arts education, technical education, or trade and industrial education.

You or the Teacher/Instructor: The person who is completing the module.

Levels of Performance for Final Assessment

N/A: The criterion was not met because it was **not applicable** to the situation.

None: No attempt was made to meet the criterion, although it was relevant.

Poor: The teacher is unable to perform this skill or has only **very limited ability** to perform it.

Fair: The teacher is unable to perform this skill in an acceptable manner but has **some ability** to perform it.

Good: The teacher is able to perform this skill in an **effective** manner.

Excellent: The teacher is able to perform this skill in a **very effective** manner.

Titles of the National Center's Performance-Based Teacher Education Modules

Category A: Program Planning, Development, and Evaluation

A-1 Prepare for a Community Survey
A-2 Conduct a Community Survey
A-3 Report the Findings of a Community Survey
A-4 Organize an Occupational Advisory Committee
A-5 Maintain an Occupational Advisory Committee
A-6 Develop Program Goals and Objectives
A-7 Conduct an Occupational Analysis
A-8 Develop a Course of Study
A-9 Develop Long-Range Program Plans
A-10 Conduct a Student Follow-Up Study
A-11 Evaluate Your Vocational Program

Category B: Instructional Planning

B-1 Determine Needs and Interests of Students
B-2 Develop Student Performance Objectives
B-3 Develop a Unit of Instruction
B-4 Develop a Lesson Plan
B-5 Select Student Instructional Materials
B-6 Prepare Teacher-Made Instructional Materials

Category C: Instructional Execution

C-1 Direct Field Trips
C-2 Conduct Group Discussions, Panel Discussions, and Symposiums
C-3 Employ Brainstorming, Buzz Group, and Question Box Techniques
C-4 Direct Students in Instructing Other Students
C-5 Employ Simulation Techniques
C-6 Guide Student Study
C-7 Direct Student Laboratory Experience
C-8 Direct Students in Applying Problem-Solving Techniques
C-9 Employ the Project Method
C-10 Introduce a Lesson
C-11 Summarize a Lesson
C-12 Employ Oral Questioning Techniques
C-13 Employ Reinforcement Techniques
C-14 Provide Instruction for Slower and More Capable Learners
C-15 Present an Illustrated Talk
C-16 Demonstrate a Manipulative Skill
C-17 Demonstrate a Concept or Principle
C-18 Individualize Instruction
C-19 Employ the Team Teaching Approach
C-20 Use Subject Matter Experts to Present Information
C-21 Prepare Bulletin Boards and Exhibits
C-22 Present Information with Models, Real Objects, and Flannel Boards
C-23 Present Information with Overhead and Opaque Materials
C-24 Present Information with Filmstrips and Slides
C-25 Present Information with Films
C-26 Present Information with Audio Recordings
C-27 Present Information with Televised and Videotaped Materials
C-28 Employ Programmed Instruction
C-29 Present Information with the Chalkboard and Flip Chart
C-30 Provide for Students' Learning Styles

Category D: Instructional Evaluation

D-1 Establish Student Performance Criteria
D-2 Assess Student Performance: Knowledge
D-3 Assess Student Performance: Attitudes
D-4 Assess Student Performance: Skills
D-5 Determine Student Grades
D-6 Evaluate Your Instructional Effectiveness

Category E: Instructional Management

E-1 Project Instructional Resource Needs
E-2 Manage Your Budgeting and Reporting Responsibilities
E-3 Arrange for Improvement of Your Vocational Facilities
E-4 Maintain a Filing System
E-5 Provide for Student Safety
E-6 Provide for the First Aid Needs of Students
E-7 Assist Students in Developing Self-Discipline
E-8 Organize the Vocational Laboratory
E-9 Manage the Vocational Laboratory
E-10 Combat Problems of Student Chemical Use

Category F: Guidance

F-1 Gather Student Data Using Formal Data-Collection Techniques
F-2 Gather Student Data Through Personal Contacts
F-3 Use Conferences to Help Meet Student Needs
F-4 Provide Information on Educational and Career Opportunities
F-5 Assist Students in Applying for Employment or Further Education

Category G: School–Community Relations

G-1 Develop a School–Community Relations Plan for Your Vocational Program
G-2 Give Presentations to Promote Your Vocational Program
G-3 Develop Brochures to Promote Your Vocational Program
G-4 Prepare Displays to Promote Your Vocational Program
G-5 Prepare News Releases and Articles Concerning Your Vocational Program
G-6 Arrange for Television and Radio Presentations Concerning Your Vocational Program
G-7 Conduct an Open House
G-8 Work with Members of the Community
G-9 Work with State and Local Educators
G-10 Obtain Feedback about Your Vocational Program

Category H: Vocational Student Organization

H-1 Develop a Personal Philosophy Concerning Vocational Student Organizations
H-2 Establish a Vocational Student Organization
H-3 Prepare Vocational Student Organization Members for Leadership Roles
H-4 Assist Vocational Student Organization Members in Developing and Financing a Yearly Program of Activities
H-5 Supervise Activities of the Vocational Student Organization
H-6 Guide Participation in Vocational Student Organization Contests

Category I: Professional Role and Development

I-1 Keep Up to Date Professionally
I-2 Serve Your Teaching Profession
I-3 Develop an Active Personal Philosophy of Education
I-4 Serve the School and Community
I-5 Obtain a Suitable Teaching Position
I-6 Provide Laboratory Experiences for Prospective Teachers
I-7 Plan the Student Teaching Experience
I-8 Supervise Student Teachers

Category J: Coordination of Cooperative Education

J-1 Establish Guidelines for Your Cooperative Vocational Program
J-2 Manage the Attendance, Transfers, and Terminations of Co-Op Students
J-3 Enroll Students in Your Co-Op Program
J-4 Secure Training Stations for Your Co-Op Program
J-5 Place Co-Op Students on the Job
J-6 Develop the Training Ability of On-the-Job Instructors
J-7 Coordinate On-the-Job Instruction
J-8 Evaluate Co-Op Students' On-the-Job Performance
J-9 Prepare for Students' Related Instruction
J-10 Supervise an Employer–Employee Appreciation Event

Category K: Implementing Competency-Based Education (CBE)

K-1 Prepare Yourself for CBE
K-2 Organize the Content for a CBE Program
K-3 Organize Your Class and Lab to Install CBE
K-4 Provide Instructional Materials for CBE
K-5 Manage the Daily Routines of Your CBE Program
K-6 Guide Your Students Through the CBE Program

Category L: Serving Students with Special/Exceptional Needs

L-1 Prepare Yourself to Serve Exceptional Students
L-2 Identify and Diagnose Exceptional Students
L-3 Plan Instruction for Exceptional Students
L-4 Provide Appropriate Instructional Materials for Exceptional Students
L-5 Modify the Learning Environment for Exceptional Students
L-6 Promote Peer Acceptance of Exceptional Students
L-7 Use Instructional Techniques to Meet the Needs of Exceptional Students
L-8 Improve Your Communication Skills
L-9 Assess the Progress of Exceptional Students
L-10 Counsel Exceptional Students with Personal–Social Problems
L-11 Assist Exceptional Students in Developing Career Planning Skills
L-12 Prepare Exceptional Students for Employability
L-13 Promote Your Vocational Program with Exceptional Students

Category M: Assisting Students in Improving Their Basic Skills

M-1 Assist Students in Achieving Basic Reading Skills
M-2 Assist Students in Developing Technical Reading Skills
M-3 Assist Students in Improving Their Writing Skills
M-4 Assist Students in Improving Their Oral Communication Skills
M-5 Assist Students in Improving Their Math Skills
M-6 Assist Students in Improving Their Survival Skills

RELATED PUBLICATIONS

Student Guide to Using Performance-Based Teacher Education Materials
Resource Person Guide to Using Performance-Based Teacher Education Materials
Guide to the Implementation of Performance-Based Teacher Education
Performance-Based Teacher Education: The State of the Art, General Education and Vocational Education

For information regarding availability and prices of these materials contact—AAVIM, American Association for Vocational Instructional Materials, 120 Driftmier Engineering Center, University of Georgia, Athens, Georgia 30602, (404) 542-2586

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